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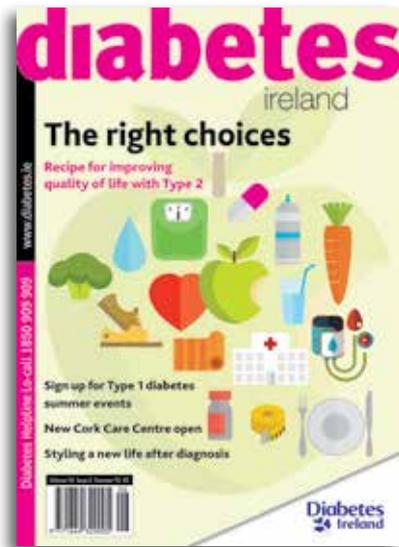
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50 years of education, fun and advocacy

More than 130 people attended the Diabetes Ireland annual National Spring Meeting in Sligo recently where experts ran workshops for adults with Type 1 diabetes, children with Type 1 diabetes and their parents, and for people with Type 2 diabetes. See our picture pages in this issue; and reports on two of the speakers, Ms Marie Boyce and Dr Aonghus O'Loughlin.



Editor Sheila O'Kelly
Publisher Geraldine Meagan
Production & Design Sonja Storm
Diabetes Ireland is published by MedMedia Publications
 17 Adelaide Street,
 Dun Laoghaire, Co Dublin
Tel 01 280 3967
Email sheila@medmedia.ie

Diabetes Ireland editor
 Kieran O'Leary
Editorial Board
 Dr Anna Clarke, Kieran O'Leary and Sinead Hanley
President of Diabetes Ireland
 Professor Gerald Tomkin
Chairperson of Diabetes Ireland
 Professor Hilary Hoey

Diabetes Ireland correspondence to:
 Diabetes Ireland,
 19 Northwood House, Northwood
 Business Campus, Santry, Dublin 9,
 D09 DH30.
Tel 1850 909 909 / 01 842 8118
Fax 01 842 8178
Email info@diabetes.ie
Website www.diabetes.ie
Western Regional Office
 1 Wine Street, Sligo, F91 RFK1.
Tel 071 91 46001 **Fax** 071 914 6001
Email wro@diabetes.ie
Southern Regional Office
 32 Grand Parade, Cork, T12X H5F.
Tel 021 427 4229 **Fax** 021 427 0009
Email sro@diabetes.ie
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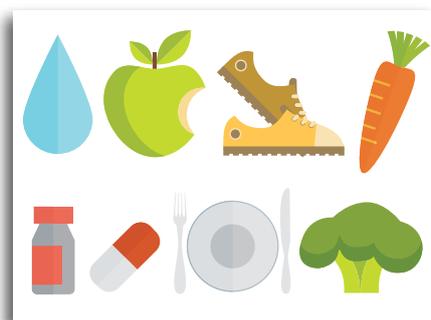
In the coming months Diabetes Ireland events are very much focused on children with Type 1 diabetes and their families.

- In June there is an action-packed family day in Tayto Park
- In July, there is the National Teen Activity Day, which takes place all over the country
- In August the National Diabetes Cup is on in Dublin
- In September, the family weekend will be held at Avon Rí in Wicklow.

Register now to make sure you secure a place by going to www.diabetes.ie or phone 1850 909 909. See more details in our full page ads in this issue and on the Diary page.

These events help parents to look after their children with diabetes, and Diabetes Ireland is now looking to see what other groups could do with a helping hand.

They found that one of the gaps in diabetes education was where people were caring for people with intellectual disabilities who also have diabetes.



This prompted Pauline Dunne, Dietitian and Regional Development Officer, Diabetes Ireland, Western area, to initiate diabetes education sessions for these carers last year.

The sessions were so successful that Pauline with Sinead Hanley, Dietitian and Regional Development Officer, Diabetes Ireland, North East, expanded the programme to provide day-long sessions this year. There is now a waiting list of people anxious to take part.

Keeping up with all the latest health information takes some doing and in this issue's Nutrition article Pauline Dunne gives us a helping hand in her piece 'Keeping up to date with Type 2 dietary guidelines'.

Kevin Staunton, who has Type 2 diabetes, took his own education on board when he was diagnosed in 2015. Kevin has lost five stone since then through a combination of diet and exercise – and a fitness regime designed by his son. You can read Kevin's strategy in this issue's Life Story.

Developing awareness and education have always been key strategies for Diabetes Ireland since it was founded 50 years ago. And to launch its 50-year anniversary celebrations, Diabetes Ireland will be holding a 'Health and Wellbeing Exhibition' on Sunday 13 November 2016 in the Chartered Accountants Ireland, Pearse Street, Dublin 2. Put it in your diary now.

New Diabetes Ireland Care Centre for Cork

Diabetes Ireland has opened its second Diabetes Care Centre, this time in Cork. The opening is part of its strategy to make sure that comprehensive diabetes healthcare services are available to people with diabetes all over Ireland.

The Dublin Centre opened in 2013 to make it easier to access diabetes healthcare and it has been hugely successful. Members from other parts of the country started asking for their own Care Centre and Diabetes Ireland plans to open four centres by 2020. The cost of opening a Care Centre is approximately €250,000 and with the support of its branch network and kind donations, Diabetes Ireland is confident it will reach its goal.

The Dublin Diabetes Ireland Care Centre already offers podiatry (footcare), eye screening, a dietitian, counselling and hearing test service. The Cork Centre

Subsidised Cork fees

The healthcare professional-led services in the Cork Diabetes Care Centre are offered at a subsidised rate

	First appointment	Follow-up appointments
Podiatrist	€45*	€35
Dietitian	€80*	€35

*First appointment fee includes free annual membership of Diabetes Ireland

has begun by offering podiatry services and eye screening and will expand later to offer the other services.

“Our podiatry service provides clients with a full diabetes foot screen and assessment, foot and nail care treatment and education plus callus and corn removal where necessary. A footwear assessment is also carried out,



The new Diabetes Ireland Care Centre on Mary Street in Cork, phone 021 427 4229

with professional shoe fitting where necessary,” said Pauline Lynch, Regional Development Officer, Diabetes Ireland.

“A choice of diabetes friendly footwear (orthotics, shoes and socks) is available at extremely competitive prices. Our orthotics and footwear services are only recommended if warranted, after a full podiatry assessment,” she added.

Progress at last in North West services

Letterkenny Gate Lodge

There is good news in Donegal where Gate Lodge, a new diabetes centre for adults and children with diabetes has opened in Letterkenny Hospital. The Gate Lodge has five rooms, which replace the previous one single room. It means that there is now privacy to see patients and a child-friendly room for children.

“The rooms are places where the nurses can quietly see people with diabetes and help them out with things like using an insulin pump,” says Avril McCloskey, Paediatric Diabetes Nurse Specialist, Letterkenny Hospital.

The paediatric consultant from Sligo holds a clinic in Letterkenny once a month. In between, the nurses in Letterkenny can download information to Sligo and vice versa.

The Gate Lodge has two adult Diabetes Nurse Specialists working alongside Avril McCloskey. In addition, a podiatrist is starting at the Gate Lodge soon. Fiona Hegarty is the Senior

Dietitian who works with both adults and children.

Sligo Day Centre

Funding to build a new Diabetes Day Centre for both paediatrics and adults in Sligo General Hospital has been approved by the Department of Finance.

The centre will be a combined paediatric and adult diabetes centre, purpose built to provide nursing, dietetic, podiatry and medical reviews.

In time, all future diabetes outpatient services attached to Sligo Hospital will be based in the new centre. It is anticipated that it will take about 12 months to complete the work. The Sligo branch has been advocating since 1988 for a dedicated diabetes centre in the hospital. So it's great news for the community and especially for all those who worked towards this over many years.

“We are delighted to see the local diabetes community and local branches supporting these developments,” said Kieran O’Leary, CEO, Diabetes Ireland.

Paediatric consultant, Sligo

Meanwhile, the appointment of Paediatric Endocrinologist, Dr Orla Neylon, last year means that families in the North West no longer have to travel to Dublin for insulin pump therapy and other diabetes services. This appointment came about as part of the Paediatric Diabetes Model of Care.

There are already 60 children in Donegal using pump therapy out of the 143 children with Type 1 diabetes.

“It is fantastic for people with diabetes in Donegal. Before Dr Neylon was appointed if a child was suitable for pump therapy, we had to refer them to Dublin and all their appointments were there. This meant an overnight stay and could be very expensive, and parents could require childcare for their other children.

“Now, if they are starting pump therapy, they can begin it in Sligo. They will then attend Sligo for six months, and then they get referred back to us in Letterkenny,” says Avril McCloskey.

Promised 36 HSE posts remain unfilled

Diabetes Ireland is extremely concerned that the key 36 posts sanctioned in the 2016 HSE Service Plan may not be filled this year.

The posts are needed to support the implementation of the Type 2 Diabetes Cycle of Care initiative which commenced in October 2015. These posts are a mixture of Community based Diabetes Nurse Specialists, Senior Dietitians and Senior Podiatrists.

Kieran O’Leary, Diabetes Ireland CEO said: “We recently contacted TDs around the country asking them for their support in seeing these posts filled as quickly as possible. A huge number of TDs put down parliamentary questions to the Minister for Health on the issue.”

As a direct result of these unfilled posts, GPs delivering the Cycle of Care initiative cannot refer high risk patients to the specialised services such as podiatry and dietetics. This continues to put patients at increased risk of developing problems requiring in/outpatient hospitalisation.

This negates the aims of the initiative and the HSE policy to move Type 2 diabetes care into the community. To date, nationally almost 80,000 patients with Type 2 diabetes have registered for the initiative.

About 90% of GPs have signed up to support implementation of the initiative, which involves two diabetes reviews per year for eligible patients.

In answer to a parliamentary question put to the Minister for Health in the Dail about this issue, John Hennessy, HSE National Director, Primary Care said:

“Primary Care and the Clinical Programme for Diabetes are working to progress the clinical posts identified in the 2016 HSE services plan.

“Job descriptions are at final stage of drafting and discussions are progressing regarding the exact locations of the identified posts. Once these have been agreed, recruitment will proceed and the timeframe identified in the Primary Care Operational plan for commencement is quarter four, 2016.”

“We will continue to monitor the process in the coming months,” said Kieran.

National Spring Meeting workshops packed

There was a great attendance at the recent Diabetes Ireland National Spring Meeting held in the Clarion Hotel, Sligo Town recently.

The theme of the meeting was ‘Let’s Focus On’, to provide people with diabetes with an opportunity to focus on the relevant management issues you may face on a daily basis.

On the day, there were themed patient education streams for people with Type 1 diabetes, Type 2 diabetes and for parents of children with Type 1 diabetes. Each stream had three presentations from a range of healthcare professionals.

The overall purpose of the meeting was to inform people with diabetes how to:

- Cope with feelings at and from diagnosis onwards
- Manage the condition from day to day
- Allay concerns on the future development of complications through action.

You can see reports of the presentations by Dr Aonghus O’Loughlin and Ms Marie Boyce in this issue on page 10 and 15 respectively.



Anne Ferguson and Majella Toomey, Diabetes Nurse Specialists Sligo University Hospital, at the Diabetes Ireland National Spring Meeting. Photo Philip McCaffrey



Grace Brennan and Tommy Gallagher at the Diabetes Ireland National Spring Meeting

Save the date – Annual exhibition on 13 November

Diabetes Ireland will be holding a 'Health and Wellbeing Exhibition' on Sunday 13 November 2016 in Chartered Accountants Ireland, Pearse Street, Dublin 2, to launch its 50-year anniversary celebrations.

It will feature a large array of attractions like free diabetes screening, A1c testing, foot and eye checks, BMI measurements, product promotions, both family and children's attractions and patient education workshops.

It will also give attendees the chance to put questions to health professionals on specific areas relating to diabetes on what promises to be a very interactive and informative day.

Diabetes Ireland will be undertaking a media campaign to promote the exhibition and to create further awareness of diabetes in Ireland. This will target members of the public keen to learn more about diabetes as well as those diagnosed with diabetes who want to keep up to date on how to proactively manage their condition. Diabetes Ireland expects to see 2,000 people attend the exhibition, which will be free of charge.

RIP – Jim Byrne



Diabetes Ireland extends its deepest sympathies to the family of Jim Byrne who recently passed away.

Jim was an active volunteer in Kilkenny

for many years and represented his region on the National Council before becoming Chairperson of Diabetes Ireland. He stepped down from that role due to ill health, but still continued to volunteer locally in Kilkenny.

He recently helped to find volunteers for the Tour De Kilkenny in aid of the charity. He will be fondly remembered by all in Diabetes Ireland.

DCU research may aid reversing blindness

Research is taking place at Dublin City University (DCU) which may have life-changing results for people with diabetes who have lost their sight through diabetic retinopathy. The research study, is a three way partnership between Ireland, Northern Ireland and the US. -The research programme is five years in length and the team hopes to combat blindness caused by diabetes.

Some 285 million people have diabetes mellitus, a figure expected to rise in the next 15-20 years. Diabetic retinopathy (DR) is caused by chronically elevated blood glucose levels which can damage the blood vessels at the back of the eye. Existing DR therapies have significant limitations.

A US-Ireland partnership has brought together a unique team of scientists and clinicians led by Dr Phil Cummins and Dr Niall Barron of Dublin City University School of Biotechnology.

They are working with colleagues from: the University of Utah Moran Eye Centre, Professor Bala Ambati; and Queen's University Belfast Centre for Experimental Medicine, Dr Tim Curtis, Professor Alan Stitt and Dr Reinheld Medina.

The research team will:

- Develop improved gene therapy based on a modified form of human angiotensinogen converting enzyme (ACE) to potentially reverse blood vessel damage during diabetes and ultimately restore visual function
- Investigate how the drug can prevent inflammation and improve the function of the cells within the retina.

DCU aims to identify, manipulate and utilise AAV serotypes that will significantly improve COMP-Ang-1 delivery into retinal cells in order to combat diabetic retinopathy.

The Queen's University partners will model diabetes in stem cells and test the effect of the drug.

At the University of Utah, researchers will ascertain how the drug prevents inflammation in DR using the smallest possible drug dose to achieve optimal long-term effect while minimising side-effects of toxicity.

Research funding of €2.25m was received through the US-Ireland R&D Partnership Programme, jointly funded by the National Institutes of Health (NIH) in the US, Science Foundation Ireland (SFI) and HSC R&D in Northern Ireland.

Integrated diabetes tracker app

For those using Apple devices, a CareKit medical app development tool, One Drop, is now available.

It is a diabetes tracker that enables you to track glucose levels, food intake, medicines and activity in one place, all integrated with whatever other platforms you use to understand your condition.

The food intake reference library and medications used on the app are American.

See <https://www.apple.com/uk/researchkit/>



Thriveabetes conference 1 October in Naas

World famous author, Gary Scheiner, who wrote 'Think Like A Pancreas' is the keynote speaker at Thriveabetes, a Type 1 diabetes one-day conference which takes place on Saturday 1 October 2016 in Naas, Co. Kildare.

Gary is a certified diabetes educator, Clinical Director of Integrated Diabetes Services in Pennsylvania, and has had Type 1 diabetes for over 30 years.

'Thriveabetes' will be held at The Killashee House Hotel, Naas, Co Kildare, and it is being organised completely by volunteers from the diabetes community, and with the support of Diabetes Ireland.

The conference focuses on the psychological impact of living with a lifelong, chronic illness. It aims to provide "Inspiration, Motivation and

Information" to people living with diabetes.

"It's the second Thriveabetes event. In 2015, we had 190 attendees, and that was adults only. This year, we have developed a programme for children and teens with diabetes, and we are expecting 300 attendees," says Gráinne Flynn, co-founder and event organiser, who has been living with diabetes herself for 23 years.

Additional speakers are internationally and nationally renowned in the diabetes community and include:

- Joe Solowiejczyk, who has had Type 1 diabetes for more than 50 years and is a certified diabetes educator, and clinical family and adult therapist.
- Gavin Griffiths, who has Type 1 diabetes and is a di-athlete, ultra-marathon

runner and International Diabetes Federation Youth Leader.

- Dr Anna Clarke, Health Promotion and Research Manager at Diabetes Ireland.
- Penny Robinson, Mum of a teenager with Type 1 diabetes and parent representative on the Families with Diabetes Network in the UK.

Registration for the conference costs €35 per adult and €60 for two adult tickets. Children are €15 each or a family ticket is €100. Advance registration is required.

Register for Thriveabetes at: <http://thriveabetes.ie/>

For further information about Thriveabetes contact: Gráinne Flynn, event organiser. Mobile 087 6548320 or Email Grainne@thriveabetes.ie

Summertime Ball Saturday 20 August

Following schoolgirl Ciara Carew's success at raising awareness about diabetes at the Junk Kouture fashion design finale, she is going on to organise a Summertime Ball in aid of Diabetes Ireland and scoliosis.

The ball takes place in The Hub, Kilkenny on the 20 August, so spread the word and help raise awareness about diabetes and funds for Diabetes Ireland.

Ciara made and designed a dress titled



'You're not my type' that won the Junk Kouture Southern Regional award at the Grand Finale.

"The dress was inspired by my 12-year-old brother who was diagnosed with Type 1 diabetes at the age of six.

"Seeing how little people understood about the condition, my aim was to raise awareness for Type 1 diabetes, and to transform something that would usually been seen as ugly and a nuisance into something spectacular.

"Ellen McDonald modelled the dress and Paul Roche was also part of the team," says Ciara.

For more information contact Ciara Carew ciaracarew99@gmail.com

Cork Golf Classic 25 Aug

The Cork Branch Committee will hold its annual Golf Classic once again this year, in the Mallow Golf Club on 25 August 2016. Tee time is 12 noon to 4pm. The format on the day is 'Three ball better ball' with great prizes to be won. For more information contact Charlotte on 021 4274229/1850 909 909 or sro@diabetes.ie.

This long-running much anticipated event is a great day out for the experienced or inexperienced golfer and places are of a premium early booking advisable.

Direct debit winners

- March: Deirdre Williams, Tipperary
- April: Batt Horan, Kerry
- May: Kate Hurst, Donegal

Spring raffle

- First: Bernadette Costello, Co Kerry
- Second: Flora Blackmore, Co Kilkenny
- Third: Amy Sully, Co Kildare
- Fourth: Liam Blackmore, Co Kilkenny
- Fifth: B Hannin, Dublin 6



Ciara Carew's winning entry in the Junk Kouture fashion design finale

How to avoid complications in Type 2

Live a healthy lifestyle, have regular health checks and take the appropriate medication, writes **Sheila O'Kelly**

Type 2 diabetes is a complex condition with many possible complications, but they can be significantly reduced by following the recommended health guidelines, Dr Aonghus O'Loughlin, Consultant Physician/Endocrinologist Roscommon University Hospital/Saolta Healthcare Group, told the recent Diabetes Ireland National Spring Meeting, in the Clayton Hotel, Sligo.

For people newly diagnosed with Type 2 diabetes the cornerstone of management is diet and exercise. If your BMI (body mass index) is more than 30kg/m² you need to get your weight down.

"Ideally people with Type 2 diabetes would be enrolled in an education programme like CODE (Community Oriented Diabetes Education) or DESMOND (Diabetes Education and Self Management for Ongoing and Newly Diagnosed) or X-PERT. This gives them the tools to self-manage and empower themselves to make healthy lifestyle choices," said Dr O'Loughlin.

"There are now courses all around the country and some are available in the evening. These courses work. In the clinic we do what we can to advise about diet and exercise, if there is a dietitian on board, we will ask them to provide further dietary advice," said Dr O'Loughlin.

Typically this advice would include:

- Eat three meals a day
- Do not eat big portions
- Do not eat late at night
- Avoid snacking
- Avoid foods with high amounts of carbs or sugars.

"The recommendations for exercise are about 150 minutes per week. We

advise people to get out and do what they like doing for 20 minutes every second day. Do it until you feel a little bit sweaty or your heart rate goes up a little bit, and try to build that up from there," said Dr O'Loughlin.

If you have any heart condition, you should get advice from your doctor before starting any exercise regime.

First-line treatment for Type 2

After diet and exercise, the first-line treatment for Type 2 diabetes is metformin for controlling blood glucose.

"It is a good tablet that has been around for 40-50 years and goes some way towards helping control weight.

"If someone has a very high HbA1c and they are obese, then often diet and exercise alone is not enough. It is probably unwise to wait and see how they get on, but to go ahead and start metformin, because the sooner blood glucose is under control, the better chance there is of limiting Type 2 diabetes-related complications," said Dr O'Loughlin.

The guidelines recommend:

- Healthy eating
- Weight control
- Physical activity
- Diabetes education.

"If the A1c target is not achieved after three months of this along with metformin, then you can increase the dose or move on to another diabetes medication. Metformin can cause some irritation of the stomach or gastrointestinal problems, and we always advise people about that," said Dr O'Loughlin.

Know your numbers

Apart from diet and exercise, the health guidelines cover:

- HbA1c levels (average control of blood glucose over the past two to three months)
- Cholesterol
- Blood pressure
- Kidney function
- Foot screening
- Retinal (eye) screening
- Weight
- Not smoking.

"We want to make sure that the younger person newly diagnosed with Type 2 diabetes has the same life expectancy as someone without diabetes. Really you are looking at strict glycaemic control (blood glucose) and to keep that person well, without complications for the next 40 or 50 years," said Dr O'Loughlin.

If you meet the recommended health targets, it will reduce your risk of developing complications like:

- Heart attacks
- Strokes
- Kidney failure
- Blindness
- Neuropathy – nerve damage leading to foot amputation.

HbA1c levels

HbA1c shows what your average control of blood glucose has been over the past two to three months. Unlike the finger prick blood glucose test that you may do every day, the HbA1c is done only periodically and shows the average blood glucose levels in your body over the longer period.

The way these numbers are described has changed. You may be used to your medical team telling you that you should have an A1c of under 7%. Now they

call this 53mmol/mol – see Table 1 for the conversion figures. The glucose targets are the same, just how they are described has changed.

“It is important that people with Type 2 diabetes get to know these new numbers. The 53mmol target is the most common one you will hear. But there are other things that need to be taken into account. For example, if you have previously had episodes of hypoglycaemia (hypos – extremely low blood sugar), you will need to make sure to avoid that happening again,” said Dr O’Loughlin.

Hypos are not as much of a problem for people with Type 2 diabetes as people with Type 1 diabetes. However, people with Type 2 diabetes who are on specific tablets or medication like insulin or sulphonylureas, are more at risk of a hypo. Some people with Type 2 diabetes would therefore need to test their blood sugars four times a day.

Low blood sugar and the elderly

There is some evidence that your memory can deteriorate after a hypoglycaemic event.

“It can be very serious if an elderly person develops hypoglycaemia because, for example, they may become dizzy, fall and break their hip. If someone is living alone and is elderly and frail, the risk is significant. So we try to avoid that.

“In the elderly, we use medication that is less likely to cause hypoglycaemic events,” said Dr O’Loughlin.

Blood glucose levels

People with Type 2 diabetes should normally check their blood glucose before breakfast and before the evening meal. This and your A1c, will help to show you how well controlled your diabetes is. On a daily basis, you should be looking for an average glucose of about 8 – which should lead to an A1c of about 53mmol/mol (7%).

Of course you have to balance that with avoiding your blood glucose going too low. Your blood glucose should not go lower than 4. Less than 4 is a hypoglycaemic event (where your blood sugar goes too low). This could cause you to

Table 1: Conversion table

From old HbA1c % figures To up-to-date mmol/mol	
Old % figure	New mmol figure
6.0	42
6.5	48
7.0	53
7.5	59
8.0	64
8.5	69
9.0	75

collapse and could cause problems with, for example, driving.

Danger of high blood glucose

Damage to your eyes

If your blood glucose levels are poorly controlled it causes hyperglycaemia – blood glucose that is too high. This can damage the small blood vessels. One of the complications this can lead to is retinopathy – eye damage. Everyone with diabetes should have retinal screening once a year, and you can do this free by making sure you are registered with the retinopathy screening programme at www.diabeticretinascreen.ie

The Diabetes Ireland Care Centre in Santry, Dublin, is one of the places where you can avail of this free eye screening.

Damage to your kidneys

High sugar levels also puts your kidneys at risk. This risk of damage to your kidneys is even higher if you also have high blood pressure.

Every time you go to your GP you should ask them to check your kidney function. They can do this by checking your urine for protein and by measuring your creatinine levels.

Damage to your nervous system

In addition high blood sugar over time can cause neuropathy, which leads to loss of sensation in the feet.

“This can lead to someone not being able to appreciate that they have an injury on their foot. So it is very important for people to look at their feet and report any ulcers or blisters. What we do



Dr Aongus O’Loughlin addressed the recent Diabetes Ireland National Spring Meeting

see is that when someone doesn’t do, this they can develop an ulcer without them knowing, as they cannot feel the ulcer.,” said Dr O’Loughlin.

Cholesterol

LDL cholesterol is known as the ‘bad’ cholesterol. If you have Type 2 diabetes, ideally your LDL cholesterol should be less than 2.6mmol per litre.

This is because studies show that this will significantly reduce your risk of developing a heart attack or stroke.

If your cholesterol is higher than this, your medical team or GP will probably recommend that you take a statin – medication that will control your cholesterol levels.

Blood pressure

Good blood pressure control is also very important to help avoid cardiovascular disease. Ideally your blood pressure should be less than 140/90mmHg. If your blood pressure is too high, there is medication called ace-inhibitors or angiotensin receptor blockers (ARBs) that are especially suited for people with diabetes.

Smoking

It is really important that people with Type 2 diabetes do not smoke as this would increase their risk of cardiovascular disease.

Aspirin

If your 10-year risk of a cardiovascular event (heart attack or stroke) is more than 10%, you will probably also be advised to take aspirin.

“Typically a man of 50, who has Type 2 diabetes and another risk factor, for example high blood pressure or smoking, would benefit from aspirin,” said Dr O’Loughlin.

NATIONAL SPRING MEETING/SLIGO



Prof Hilary Hoey, Chairperson Diabetes Ireland, and Nuala Sharkey at the recent Diabetes Ireland National Spring Meeting, held recently in Sligo



Dr Aoife Egan Specialist Registrar, University Hospital, Galway, addressed the Diabetes Ireland National Spring Meeting on 'Diabetes Management targets to reduce/prevent Type 1 diabetes complications'



Tom Killoran and Sean Moylan



Lorcan O'Donnell and Gillian Griffen



Michael, Aodhan and Thomas Sharkey



Donal Gilroy, Diabetes Ireland West; Mary Forde, who has had Type 1 diabetes for 63 years; and Kieran O'Leary, Diabetes Ireland CEO



Sheila Bourke and Barbara Muldoon



Ann Roper, Rosaleen and Andrew Lang at the Diabetes Ireland National Spring Meeting, held recently in Sligo



NATIONAL SPRING MEETING/SLIGO



Grace Brennan and Tommy Gallagher at the Diabetes Ireland National Spring Meeting, held recently in Sligo



Avril McCloskey, Paediatric Diabetes Nurse Specialist, Letterkenny General Hospital, who addressed the Diabetes Ireland National Spring Meeting on 'Protecting my child'; Fiona Hegarty, Senior Dietitian in Diabetes, Letterkenny General Hospital, who spoke on 'Staying healthy with diabetes'; Patricia Murray, Diabetes Nurse Specialist, Sligo University Hospital; and Vincent McDarby, Senior Clinical Psychologist, Our Ladys Hospital for Sick Children, Dublin, who spoke on 'Getting my head around diabetes'



Linda Flanagan and Eileen Cullinan



Dr Rodger Graham, Consultant Clinical Psychologist in Diabetes, Ulster Hospital Belfast, at the Diabetes Ireland National Spring Meeting



Catriona Coleman, Donal Gilroy, Sligo branch Diabetes Ireland; and Patricia Murray at the Diabetes Ireland National Spring Meeting



Pauline Dunne, Dietitian and Diabetes Ireland Regional Co-ordinator, West and Regina Patton, Diabetes Ireland West



Killian and Mel McShane



Picture above: Geraldine O'Donnell, Michael Tarmey and Anne King at the Diabetes Ireland National Spring Meeting, held recently in Sligo



Anne Moran and Margaret Finn

Photos: Philip McCaffrey



A healthy diet is vital in Type 2 diabetes

Eat a variety of food; look at labels; and if dieting lose weight slowly, writes **Sheila O'Kelly**

We have to make a special effort to be physically active now more than ever because our lives have become so automated, Marie Boyce, Senior Community Dietitian, Sligo, told the recent Diabetes Ireland National Spring Meeting.

"We don't run to pick up the telephone anymore as it's probably in our pocket; we don't have to get up to change the channel on the television anymore with remote controls. Cars are used for even the shortest journeys. So, for our lives everyday, we are burning less energy than ever before," said Ms Boyce, speaking at the meeting which was recently held in the Clayton Hotel, Sligo town.

Energy

If we take in more calories (energy) than we need, we will gain weight. This



Marie Boyce, Senior Community Dietitian, Sligo, addressed the recent Diabetes Ireland National Spring Meeting

is stored in the body as fat in the liver, under the skin and around the middle of the body (abdomen). The fat around the middle of the body is known as 'visceral fat' and this is linked to insulin resistance, which causes Type 2 diabetes.

Personal fat thresholds

The fat that builds up in the liver can also extend to the pancreas, which again stops insulin working effectively.

"Personal fat thresholds are being researched, because there is a theory

that different individuals can tolerate different amounts of fat around their abdomen and organs. This may explain why not everyone who is overweight gets diabetes," said Ms Boyce.

Apple or pear shape?

Where your body stores fat is important. If you store fat around your waist it puts you at higher risk of developing diabetes and cardiovascular disease than if you store it around your hips.

For women, a healthy waist size is less than 32 inches (between 32 and 35 inches is moderate risk, over 35 inches is high risk).

For men, less than 37 inches is healthy (between 37 and 40 inches is moderate risk, over 40 inches is high risk).

Slimming tips

If you need to lose weight, set yourself a target of losing 10% of your body weight at a rate of 1-2lb per week. To do this you will need to reduce how much you eat a day by 500-600kcal.

It helps to eat regular meals and avoid the feast or famine approach.

If you require support you can ask your GP practice or diabetes clinic to refer you to a dietitian to help you draw up a personal plan to achieve this weight loss.

Every little helps

Losing 10% of your body weight could help:

- Reduce your high blood pressure by more than 10 blood pressure units
- Reduce your high blood sugar levels by 50%
- Reduce your high blood cholesterol by 10%.

The best diet

There is strong evidence that diets that are the most compatible with health are those that are higher in:

- Vegetables
- Fruits
- Wholegrains
- Dairy
- Seafood
- Legumes (pulses like lentils)
- Nuts.

A healthy diet is lower in:

- Red and processed meat
- Low in sugar-sweetened foods, particularly low in sugar-sweetened beverages
- Low in refined grains (like white bread).

It is also important to drink only a moderate level of alcohol.

High-fibre carbohydrates

It is useful to have higher fibre version of starchy foods:

- Brown rice
- Wholemeal bread and pasta
- Wholewheat noodles
- High-fibre breakfast cereals.

Fibre in food slows down how quickly you digest and absorb carbohydrates and produces a gradual blood glucose and insulin response.

Know your portion sizes

Take care with starchy foods such as rolls, scones, paninis, bracks and bagels as they are available in various portions sizes. Go for the smallest size as you could end up eating five portions of starchy food without realising it.

Low carbohydrate diets

"While low-carb diets are associated with a reduction in body weight and improvement in glucose control in the short term, there is little published evidence showing benefit for weight loss, compared to other approaches, over the

longer term. People on low-carb diets lose a similar amount of weight over 12 months, when compared to those on a low-fat diet," said Ms Boyce.

See also Nutrition on page 25 for more information about diet and Type 2 diabetes

Sweet Enough? BE SUGAR SMART
Do you know how much sugar you are consuming every day?

4g = [sugar cube] = [teaspoon]

The World Health Organisation recommends you should have no more than 10-14 teaspoons of sugar a day.
Remember, this doesn't just mean spoons of sugar which you add to foods and drinks - it also includes the sugars found in many processed foods you buy.

At the Cinema	At the Supermarket	At the Coffee Shop
Medium fizzy drink + Medium Sweet Popcorn + Share size packet of sweets = 46 Teaspoons of Sugar	Jar of Sweet & Sour Sauce (4 Servings) = 18 Teaspoons of Sugar	Small flavoured latte and sultana scones = 9 Teaspoons of Sugar

Smart Swaps

Sweet Popcorn = 28g Sugar	Chocolate Bar = 31g Sugar	Small flavoured latte = 16g Sugar
Plain Popcorn = 0g Sugar	Diet yoghurt = 6.6g Sugar	Black coffee - no sugar = 0g Sugar

Cinema smart tips:
Having a meal before going to the cinema can help ensure hunger doesn't steer you towards less healthy treats to hand.
Choose water or a diet drink instead of a standard sugary fizzy drink.
A sharing bag of sweets can have up to 27 teaspoons of sugar, so be sure to share or avoid altogether.
Try not to be fooled by 'value' or 'combo' offers - often the total sugar content is high.

Supermarket smart tips:
Don't shop on an empty stomach, you are more likely to choose foods that are higher in sugar.
Write a shopping list and don't stray from your list. Some people find smartphone apps helpful for planning their shopping. Try the *Barcode* or *HealthBoard* apps.
Look at the nutritional information on foods you purchase regularly. Are they high in free sugars?
If you don't need to go into a particular aisle, avoid it. This way you are less likely to be distracted by special offers and less healthy food choices.

Coffee shop smart tips:
Choose smaller serving sizes - a standard flat serving is approx. 300ml.
Go for unflavoured coffees - the added flavourings such as vanilla or coffee shots are in syrup based and therefore are high in free sugars and calories.
Consider sharing a scone with a friend as these can contain lots of added sugars and calories especially if served with jam and cream.
Avoid adding sugar or cream to your hot drinks to reduce your calories and free sugar intake.

Diabetes Ireland | Partially supported by MSD Be well

Carers throng to diabetes education



There is a huge appetite for diabetes education among carers of people with intellectual disabilities, writes **Sheila O’Kelly**

A training programme for carers of people with diabetes who have intellectual disabilities has been developed as part of the Diabetes Ireland strategy of targeting specific groups in terms of education.

Some 61% of people with intellectual disability are at increased risk of pre-diabetes and Type 2 diabetes, and 16% of people with intellectual disability aged over 40 years have diabetes. Research shows there is great potential to prevent Type 2 diabetes in high-risk individuals by lifestyle intervention, thus delaying the onset of diabetes-related complications.

In 2015, Pauline Dunne, Dietitian and Regional Development Officer, Diabetes Ireland, Western Area, began the process of developing a three-hour training programme for carers of people with intellectual disabilities. Sinead Hanley, Dietitian and Regional Development Officer, Diabetes Ireland, North East area, then came on board to help deliver the initiative.

Diabetes Ireland applied for funding for these training sessions from the National Lottery and was successful. Some 22 of these training sessions were held in 2015.

The sessions focused mainly on nutrition, pre-diabetes and Type 2 diabetes. The evaluations showed that participants

would like the courses extended to one day so that they could learn more about the management and treatment of diabetes.

Diabetes Ireland then developed a full-day programme and submitted it for funding to the Dormant Accounts Fund and was successful. Some 320 support workers for people with intellectual disabilities are expected to complete the ‘Diabetes awareness, prevention and management in Adult Intellectual Disability Services’ sessions by the end of 2016.

At the planning phase of the project, The Brothers of Charity services in Waterford and Roscommon came on board as partner organisations. Since then, additional Brothers of Charity service areas and other organisations that offer support services to people with intellectual disabilities have been offered sessions. These include COPE, Northwest Parents and Friends Association and St John of God.

Interactive education sessions

The sessions are delivered in a similar way to CODE (Community Oriented Diabetes Education). The sessions work best with no more than 16 per group and are very interactive, which enables the session facilitators to meet the needs of the group.

The sessions have a strong evaluation

process. During the full-day sessions people’s knowledge about diabetes is measured at the start and the end of the day. Evaluation forms are completed after all sessions, and follow-up telephone calls will be carried out after all sessions to discuss impact of the awareness sessions at local level.

The full-day sessions update people on diabetes using current evidence, best practice guidelines and management strategies. Nutrition-related topics such as healthy eating to aid in the management and prevention of Type 2 and pre-diabetes, portion sizes and physical activity are also included in the session.

Taking part in the community

The support workers are very involved in helping people with intellectual disabilities to take a more active part in the community. A common activity with service users would be food-based, for example, to go to a coffee shop for something to eat or drink. Part of the session looks at:

- What could be a healthier option?
- How can we adjust portion sizes?
- How can we support the service user in making healthy choices regularly?

The attendees get a participant pack with relevant literature to support the information they have learnt.

The training sessions are facilitated by Diabetes Ireland professionals.

Leaflet focuses on healthy eating for all

Owen Petticrew showed his classmates how he was not so different after all, writes **Sheila O’Kelly**



Kieran O’Leary, CEO Diabetes Ireland, Owen Petticrew; and Donal Gilroy, Sligo Branch Diabetes Ireland, with Owen’s ‘pamphlet on Nutrition tips for Kids’

When sixth-class student, Owen Petticrew from Mullingar, was diagnosed with Type 1 diabetes two years ago, he wasn’t too happy about how the other children focused on him as being different.

Owen’s mother, Orlagh, is head of the parents’ council and the council came up with the idea of focusing on healthy eating for all the children by making posters. This would mean that Owen would not stand out so much as being different. They also encouraged healthy eating habits by asking the school children to include a vegetable and a fruit as part of their packed lunch.

However, Owen was in hospital around that time and couldn’t take part in the poster making, but he could work on his computer. He decided to design a nutrition leaflet for schoolchildren, that could include a lot more information than would be possible on a poster.

“Owen did all the research himself and then came back to us with all the information. Then he had to work out what the most important information for school children was,” says Orlagh.

The posters and Owen’s leaflet were then both included at a ‘Healthy Food

Table’ display from the sixth class pupils at a ‘Sugar and Fat’ information evening in a local hotel.

Professor Donal O’Shea, endocrinologist, was the main speaker at the information evening and he said it was clear that Owen had put a considerable amount of thought, time and effort into the quality of the information in the leaflet. Professor O’Shea suggested that all the attendees should make sure to take a leaflet home with them.

While Owen was unable to attend the event due to illness, his friend Niall Doonan filled in for him. Owen can be happy that his healthy choice message was well recognised.

Orlagh also has Type 1 diabetes and was diagnosed 31 years’ ago. This meant that she and her husband Colin were very aware of the possible symptoms of diabetes back when Owen was diagnosed. They spotted it straight away and tested his bloods at home before bringing him to an emergency department.

“He was diagnosed on the Monday night and was out of the hospital by Friday without any need for IV intervention,” says Orlagh.

“We encouraged Owen from the

beginning to take control. Although myself and Colin do worry. It is stressful.

“It was a case of getting him to realise he was going to have it forever. He would have to take control and get on with it as best as possible,” says Orlagh.

Owen himself said that if could give any advice to another 10- or 11-year-old who was newly diagnosed, he would say: “It takes a while to get used to it, but once you are, it’s okay. It’s not so bad. It’s a lot easier than you think. I do all my own injections and blood testing.

“At school I do one injection at big break. I do it at my desk. Originally the other children would stare at me when I was doing it, but not any more,” says Owen.

Owen has taken part in the Diabetes Ireland Teen Activity Day for two years and really enjoys it.

“We did a lot of running and comparing blood sugars, and it was interesting to see how different the readings were,” says Owen.

Meanwhile, Owen loves doing project work and we may well see some new scheme from him to promote a healthy lifestyle for everyone – those with or without diabetes.



Styling a new life after diagnosis

Hairdresser Kevin Staunton has lost five stone since he was diagnosed with Type 2 diabetes in April 2015, and he feels much better now than he did before his diagnosis, he tells **Sheila O'Kelly**

For Kevin Staunton, from Kilmallock, Co Limerick, sugar was the big culprit in piling on the pounds. As a hairdresser he was used to having coffee and biscuits with his clients through the day.

"I always used to get a packet of biscuits in the morning and by the end of the evening they were gone. All that went out the window when I was diagnosed. I kicked sugar big time and lost loads of weight. I went from 16 and three quarter stone, to 11 and three quarter stone in a couple of months. I've looked at pictures and think 'oh my god, is that me?'. I've tried on some of my suits and I could fit two of me into them," says Kevin.

It wasn't easy to drastically reduce his sugar consumption and Kevin had felt a bit like the 'cold turkey' he felt when he gave up smoking 23 years ago. He thinks this sugar withdrawal was partly why he

felt so rotten for the first three months after his diagnosis.

"The first two months I was in misery, when I think back. I was thinking 'should I be eating this? Should I be eating that?'.

"But I was determined I was going to beat this thing. That was my goal. I have got very strong willpower," says Kevin.

Kevin and his wife Catherine have three children, two boys and a girl who are 21, 20 and 16. Kevin gives Catherine a lot of the credit for his successful weight loss, as she has tweaked the diet of the whole family to include more healthy food with lots of fruit and vegetables.

Kevin is now doing so well that his medical team just tell him to keep on doing what he is doing.

New breakfast regime

One of the changes to his lifestyle is breakfast. Kevin used to never have

anything at home, but would buy a breakfast roll on his way to work.

"Since my diagnosis I kicked that out the window and switched to breakfast at home with porridge, or beans on brown toast. I religiously have a breakfast now, I can't survive without one," says Kevin.

Lunch has changed too. Kevin used to just keep on working as long as there were clients, and try to fit lunch in sometime between 12 and 4. One time he had no lunch, then went straight off to a funeral after work.

"My wife had to drive me home where I went straight to bed. So now I have my lunch at the same time every day and will say to clients: 'Can you wait 10 minutes because I am having my lunch?'," says Kevin.

Kevin has his evening meal at home with the family.

"Every food I pick up in the

LIFE STORY

supermarket, I look at the label. We make our own pasta sauces, we eat brown bread and very few potatoes. Even the children adapted well to a fresher diet. Fruit, vegetables. I check the ingredients on everything at the supermarket.

"Maybe twice a week, I might have a bit of cake or chocolate. I've adapted to the new regime no problem. I have a glass of wine occasionally with our dinner," says Kevin.

Checking blood glucose

At first Kevin was obsessed with checking his blood glucose – maybe four times a day. But now he checks it just in the morning.

"I've got it to a fine art of being between 5 and 7 maximum," says Kevin.

"I had a Chinese one time and I went up to 10. The next time I rang I asked them did they put sugar in the food, she said 'yes', and I said 'is it possible, no sugar?' and they did the food without sugar and my bloods were fine after it," says Kevin.

The whole family have got involved in the new lifestyle.

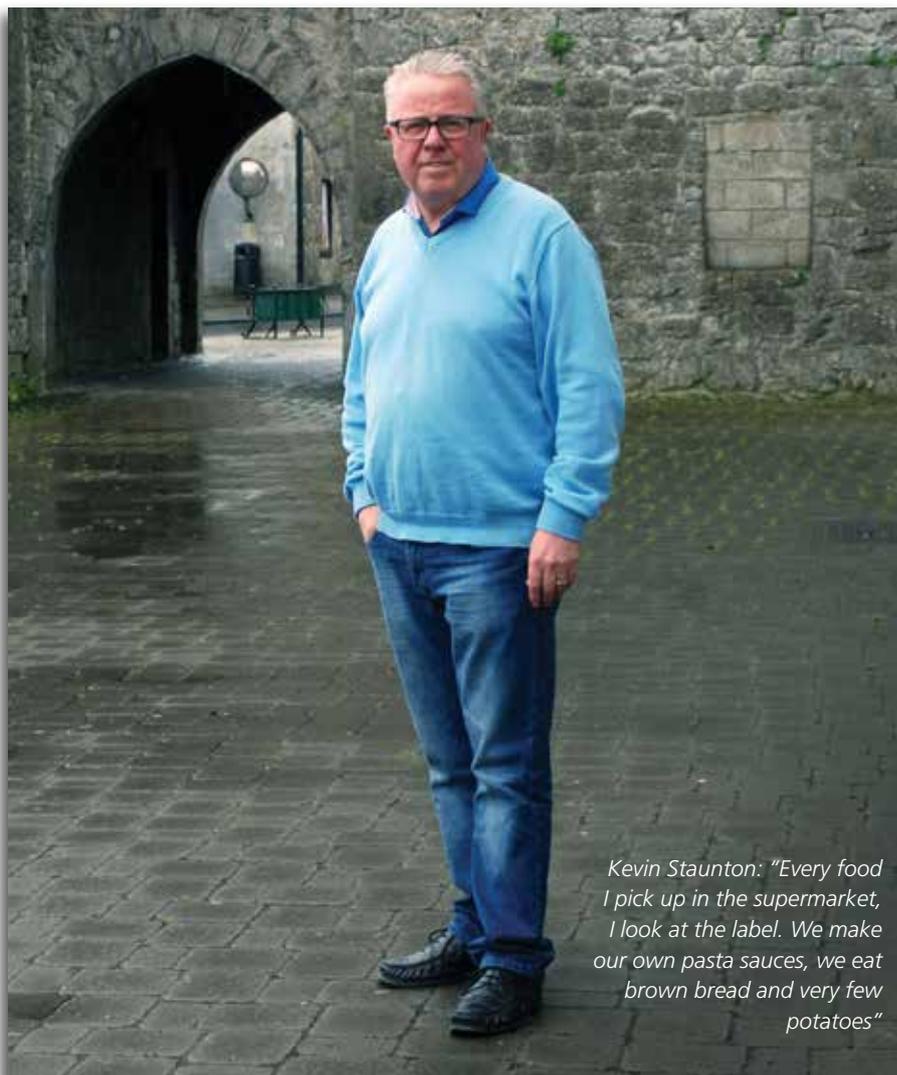
"My eldest son is hurling mad and he put me on a regime. He thought my muscles were fading away. He had me doing major walking and major stretching and quads. My arms had gone a bit weasly looking. He said 'you're going to waste away if you don't start doing something'.

"He adapted his own strengthening and conditioning programme for me. It has been great. My legs are great. I walk maybe five nights a week, about three miles each night.

"I have some sensitivity in my feet. But other than that healthwise, I am feeling great," says Kevin.

Kevin's cholesterol and blood sugar levels are generally at the levels they should be for him.

"I have come to the conclusion that if you get rid of sugar, you are on a winner. I keep an eye on the fat, and I don't have much. We don't fry, we always grill. We just make sure that we have a few carbohydrates and protein.



Kevin Staunton: "Every food I pick up in the supermarket, I look at the label. We make our own pasta sauces, we eat brown bread and very few potatoes"

My wife just tweaked our whole diet to suit. The eldest lad is happy because it suits his training. The children love the wholegrain brown bread. Nothing in our diet is over the top.

"I feel much better now than I did before I was diagnosed. Maybe it was a blessing in disguise that I got this," says Kevin.

Kevin's typical daily diet

- Breakfast: porridge, or brown bread and beans
- 11-11:30, a banana
- 1 o'clock – no matter what: salad, pasta, or sometimes a sandwich
- 5 o'clock, a snack like a piece of fruit
- 7 o'clock, dinner.

For dinner Kevin and his family have, fish, chicken or meat and fresh vegetables.

"At first when you are diagnosed, you think the world has come down on

top of you. And you are thinking, now I can't go anywhere, I have to keep this on track. We like to go to Spain for our holidays, and I was thinking 'I can't go there now, what am I going to eat?'

"I was very mopey for the first couple of months.

"But now everything is fine. We can still go out for a drink. We can enjoy ourselves and we can go places.

"I was relieved at the diagnosis of Type 2 diabetes because I was afraid it was something worse, like cancer. I felt Type 2 diabetes was something I could control, it was up to me. The first time I went back to the doctor she said to me, 'I'm so pleased with what you've done. People think that once I give them the tablets they can carry on as before. But you have to work with the tablets'. She said: 'Whatever you're doing don't change it, stay with what you are doing'," says Kevin.

Keeping up to date with Type 2 dietary guidelines

People with or without Type 2 diabetes need the same healthy diet, writes **Pauline Dunne**

Media messages on what to eat to optimise health are confusing with banner headlines promoting different dietary ideas. There currently is no ideal dietary plan, but rather a dietary plan based on healthy eating that is individualised to meet your needs.

People should replace refined carbohydrates such as sugary foods and drinks and those with added sugars with whole grains, legumes (peas, beans, pulses like lentils and chick peas), vegetables, and fruits. Whether or not we have diabetes, we should all eat less saturated fat. We should replace margarines and lard with mono and polyunsaturated fat sources such as rapeseed and olive oils and spreads made from these.

We should also:

- Reduce our intake of sodium (salt)
- Avoid smoking
- Avoid drinking alcohol to excess.

A healthy diet contains a balance of the 3 main nutrients:

- Proteins
- Fats
- Carbohydrates.

Eating regular meals will make it easier for your body to control your blood glucose either to manage diabetes or to prevent Type 2 diabetes. Some diabetes treatments mean you need to pay attention to the timing of when you eat your meals. Others are less strict. Talk to your

dietitian or diabetes care team to see how flexible you can be with your meal plans.

Starchy carbohydrates come first

Starchy carbohydrates include:

- All types of breads and crackers
- Cereals
- Potatoes
- Pasta
- Rice
- Noodles.

You should include these foods at each meal, but the amount which each person needs differs. For more information on portion sizes, see the food pyramid on

www.healthpromotion.ie Choose:

- Wholegrain breads
- Wholegrain cereals
- Wholemeal or seeded pitta pockets/wraps/bagels
- Oatcakes, wholegrain crackers
- 'Kids' size wraps.

Choosing oat-based and wholegrain varieties of starchy carbohydrates will help increase the fibre content of your diet, which in turn can help towards maintaining a healthy bowel. Foods based on oats and wholegrains can release more slowly into our bloodstream, improving blood glucose control. Talk to your diabetes care team if you are unsure how much carbohydrate is right for you.

Only very occasionally, choose baked goods such as biscuits, cakes and tarts, desserts, ice-cream, sweets and chocolate. These foods are very high in sugars and fats and cannot only cause our blood glucose levels to rise, but also cause weight gain. Try to keep the portions very small, and have these foods on special occasions rather than as a regular part of your diet.

If you are unsure if a food contains sugary carbohydrates, have a look at

the ingredients list for other names for sugars such as:

- Honey
- Glucose
- Dextrose
- Fructose
- Syrups
- Lactose
- Maltose
- Hydrolysed starch
- Treacle.

Try not to add sugar or honey to coffee, tea or cereals. Use an artificial sweetener instead if you feel you can't do without.

Fruits and vegetables

Most people know the 5-a-day message for fruits and vegetables – we should all eat a minimum of 5 portions daily of a mixture of fruits and vegetables. Examples of a portion of vegetables include:

- A couple of dessertspoons of cooked veg
- A small bowl of salad vegetables
- A bowl of vegetable soup.

Pack your sandwiches out with salad vegetables – aside from being full of fibre, vitamins and minerals, they will also keep you full for longer. Vegetables can be steamed, roasted or made into salads – include a variety to keep your meals interesting.

A portion of fruit can be:

- A small whole fruit, like a fun-size banana, pear, orange or peach
- Two small fruits such as mandarins
- A small handful of berries or grapes (usually 10-12 grapes).

If it is fruit salad which takes your fancy, aim to have no more than 1 tea cup full at one sitting. Remember that fruit contains natural sugars. Space your fruit intake out over the day.

NUTRITION

Protein

Meat, poultry, fish, eggs, nuts and pulses are protein foods, and don't generally affect blood glucose. Choose lean cuts of meats to reduce saturated fat intake. Ask your butcher to trim excess fat and skin off your meat and poultry. Cheaper cuts of meat are ideal for soups, stews and casseroles.

Sausages and puddings have a high fat content – even when grilled, so only have these foods occasionally. Remember that stuffing or sauce will have a lot of salt, and usually some carbohydrate too.

Find a place for fish

Fish is low in fat, so enjoy it twice a week. Cod, hake, plaice are all healthy options. And oily fish like salmon, trout and mackerel are rich in heart healthy omega-3 fatty acids. People with Type 2 diabetes are recommended to have oily fish twice a week.

Many supermarkets now stock plain uncoated frozen fish too – look for fish fillets without breadcrumb or batter coatings. See recipe ideas at www.diabetes.ie if you need help with meal ideas.

And, store-cupboard staples of tinned salmon, tuna, mackerel or sardines can be the basis of a quick and tasty healthy meal. When choosing tinned fish choose those tinned in water, brine or tomato sauce instead of oil or mayonnaise.

Fat in our diets

A cornerstone of dietary advice for cardiovascular health has been to reduce:

- The intake of total fat to less than 35% of total energy intake
- Saturated fat (SFA) intake to under 11% of total energy intake.

We can do this by choosing olive oil or rapeseed oil for cooking and salad dressings and using olive or sunflower oil-based spreads on our breads. Choosing low-fat dairy can also help lower our intake of saturated fats and they include:

- Low-fat milk
- Reduced-fat cheese
- Natural or diet yoghurts.

We should also reduce our intake of hydrogenated and trans fats – this can be achieved by:

- Eating less processed meats such as chicken kiev, sausages and puddings
- Keeping baked goods such as pastries, cakes and tarts for special occasions.

At home, why not try making your own salad dressings with low fat natural yoghurt, lemon juice and herbs, or French vinaigrette made with olive or rapeseed oil and vinegar.

Stay hydrated

To stay well hydrated we should drink up to 8 glasses of water per day. If we don't have enough fluids, we can feel sluggish, have a mild headache and suffer from constipation. We can also often think that we are hungry when in actual fact it is thirst the body is trying to communicate. We tend to perspire more on warmer days or when physically active, so make sure to drink more fluids than usual on those days.

If you struggle to drink enough during the day, try keeping a jug of water in the fridge so it is cool and refreshing; or add a slice of lemon, lime or orange to jazz up the water glass. Other fluids also count – try sparkling water, herbal teas and no-added-sugar drinks that you dilute, to vary your fluid intake.

What about salt?

Too much salt can contribute to high blood pressure and heart disease. On average Irish people eat at least 10g salt per day which is almost double the recommended 6g per day. Whether it is rock salt, sea salt, or table salt it will have the same effect, so most of us should reduce our salt intake. Easy ways to do this are:

- Reduce your intake of processed foods especially ready-prepared meals, sauces and takeaways
- Choose fresh foods (fruit, vegetables, meats, fish) more often
- Use less salt when cooking and at the table
- Flavour with alternatives – pepper, garlic, herbs, spices, vinegar, lemon juice are all flavoursome
- Recognise salty food descriptors – food labelled as 'smoked', 'pickled', 'marinated in soya sauce' will be high in salt
- Choose unsalted nuts and snacks. Stock cubes, packet soups and instant

gravy/sauces all tend to be high in salt. Try to use less often, and when possible make your own instead.

Can I have alcohol?

Like everything else, it is fine to enjoy alcohol in moderation. But remember, alcohol is high in calories, yet doesn't provide any nourishment. Drinking more than the weekly limit can increase your weight, and your blood pressure and put you at increased risk of heart disease and stroke. It can also damage your liver and increase your chances of certain types of cancer. Ask your diabetes care team how alcohol may affect your blood glucose levels.

Everyone should have at least 3 alcohol free days per week. Try not to have more than 3 standard drinks at one time. Men are advised to have no more than 17 standard drinks a week, and women no more than 11 standard drinks a week. See www.diabetes.ie and www.drinkaware.ie for more information on alcohol intake.

Weight management

Modest weight loss (5-10% body weight over 6 months) benefits overweight or obese adults with type 2 diabetes and also those at risk for diabetes. The ideal approach to weight loss is to reduce energy intake (calories) and to increase physical activity.

Many people find it of benefit to join a group programme to assist in weight loss. Examples of commonly available programmes include Unislim, Weight Watchers and Slimming World.

Your local sports partnership is also worth looking up. There are many different activities on offer around the country – why not take up a new class or join an outing? See www.getirelandactive.ie for the full list of events.

Eating well can improve your blood glucose control, and reduce your long term risk of cardiovascular disease and diabetes-related complications. Have a look at the recipes section of www.diabetes.ie for ideas on how to shake up your dietary intake!

Pauline Dunne, is a dietitian and Diabetes Ireland Regional Development Officer (Western Area)

RECIPES

Chicken avocado salad

Avocado is high in monounsaturated fats which can help to protect your heart and it also count towards 1 of your 5 a day. Try to include, as here, at least 2-3 portions of your 5-a-day at lunchtime.

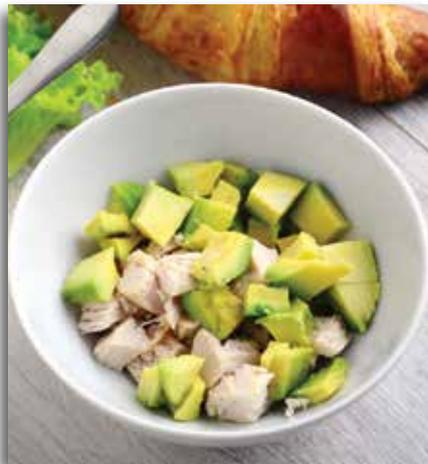
With diabetes you should include a source of carbohydrate with this recipe. If you were to have 2 slices of wholegrain bread it would provide an additional 30g of carbohydrate.

Ingredients – Serves 4 Adults or 6 children

- 2 ripe avocados, peeled and stones removed
- 390g/14 oz of skinless and boneless chicken fillets, around 3 fillets
- 1 tablespoon of olive oil
- 1 handful of chopped fresh parsley
- Freshly ground pepper to taste.

Method

- Cook the chicken under a grill or non-stick pan



- While that's cooking, chop the avocados into small cubes
- Mix the olive oil and pepper together with a fork
- Remove the chicken and cut into strips
- Serve in a salad bowl with the avocado
- Drizzle the oil on top and garnish with the parsley according to taste.

Nutrition per portion

Typical values	Per adult portion (173g)	Per child portion (115g)
Energy value	268 calories	178 calories
Protein	23.1g	15.4g
Carbs (of which sugars)	1.3g 0.4g	0.9g 0.26g
Fat	10.9g	7.25g

This recipe is intended to serve 4 adults, or 6 average child size portions depending on the age and activity levels of the child. Talk to your dietitian or diabetes care team about your child's individual nutritional needs.

NB – bread or potatoes will add to the total carbohydrate of your meal and so will affect blood glucose readings.

Source: safefood www.safefood.eu

Fruit flan

This fruit flan is a nice dessert to share as a treat with family and friends at a get together or meal.

Carbohydrate: This recipe uses caster sugar, remember a small amount of sugar is fine as part of a healthy balanced diet for people with diabetes.

Ingredients – serves 8 adults or 12 children

Flan case

- 85g/3 oz of plain, white flour
- 85g/3 oz of caster sugar
- 3 medium eggs



Filling

- 1 x 227g/8 oz tin of fruit cocktail – canned in juice not syrup
- 1 x 23g/1 oz sachet of quick-set jelly crystals
- 1 x 170g/6 oz carton of single cream
- Water for jelly, around 425ml/¾ pint

Method

- Preheat the oven to 200°C/400°F/Gas mark 6
- Place sugar in a bowl and whisk together with eggs over a pan of hot water for 10 minutes. Remove and continue whisking for 5 minutes.
- Gently fold in sieved flour, in about 4 lots
- Pour mixture into a greased and floured flan tin
- Bake in a preheated oven for around 20 minutes
- Dissolve jelly and leave in a cool place. Do not allow to set
- Drain the tin of fruit
- When flan case is cooled, arrange fruit on top and cover with jelly

Nutrition per portion

Typical values	Per adult portion (133g)	Per child portion (88.6g)
Energy value	186 calories	124
Protein	4.9g	3.2g
Carbs (of which sugars)	27.3g 20g	18.2g 13.3g
Fat	6.2g	4.1g

This recipe is intended to serve 8 adults, or 12 average child size portions depending on the age and activity levels of the child. Talk to your dietitian or diabetes care team about your child's individual nutritional needs.

- Allow jelly to set, whip the cream and decorate the flan by piping the cream around it.

Source: safefood www.safefood.eu

SUPPORTING DIABETES IRELAND



Pictured above are the extended O'Shea family from Killorglin, Co Kerry along with Pauline Lynch, our Southern Regional Officer, at the handover of a fundraising cheque for €10,752. The family organised a Christmas Day Dip in the Atlantic on Cromane Beach in memory of family member Denis, who tragically passed away last August at the young age of 27. The family were overwhelmed by the support of the local community which saw over 100 locals take the plunge in the icy ocean with equal numbers of onlookers. They directed their fundraising towards Type 1 research and our Teen/Children's activities



Pictured above is Isabel Bennett, who recently undertook the Swim For A Mile Challenge and fundraised for Type 1 Research through her exploits. Pictured accepting the cheque for €507 is Pauline Dunne, our Western Regional Officer



Pictured left is John Butler, who undertook a 100km cycle in the past couple of weeks and raised over €330 in aid of Type 1 research. John undertook this cycle as he had been registered for our City to Seafield Cycle which unfortunately had to be cancelled due to low registration numbers but still wanted to show his support to the cause

TEAM Diabetes Ireland needs YOU this year!

Are you undertaking any challenges this summer such as Road Races, Cycle Sportifs, Triathlons, Mud Runs or even a Skydive? Why not use your participation to fundraise for us and join the hundreds of people annually who do likewise and become part of TEAM Diabetes Ireland...

Or how about the big challenge of the Dublin Marathon 2016!!! As part of the Ireland 2016 Centenary Programme the 2016 SSE Airtricity Dublin Marathon will present all finishers with a special commemorative medal while the marathon course route will take in many iconic sites associated with the 1916 Rising including Kilmainham Gaol.

**Contact Gary on Tel: 01 842 8118 or
Email: gary.brady@diabetes.ie
to receive your fundraising pack today!**

YOU choose which area your fundraising is to be directed towards:

- Type 1 diabetes research
- Type 2 diabetes research
- Education and support services
 - Teen Activity Day and Sweetpea Kidz Club
 - 2015/16 Type 2 Online Education Programme
- 2015/16 Type 1 GP Awareness Initiative
 - Cork Care Centre

Diabetes Ireland

Sligo Rovers score with kids in Sligo/Leitrim

Sligo/Leitrim children and teenagers with Type 1 diabetes were very excited to train with Sligo Rovers footballers on Tuesday 26 April at the showgrounds.

Everyone was made to feel very welcome by the players and staff at Sligo Rovers, who gave up their time to share their skills and knowledge with

the children and teenagers. The event was organised by Sligo/Leitrim Parents Support Group and supported by the Diabetes team at Sligo General Hospital.



Nutrition talk goes down well in Limerick

The Limerick Type 1 Diabetes Support Group recently invited Sinead Delaney, Dietitian, to give a talk to parents and children about healthy eating habits and healthy lunches to balance blood glucose levels. The talk was extremely helpful and highlighted hidden facts to the parents and children about the

content of food products. All who attended found the talk very helpful and informative. Our sincere thanks to Sinead Delaney and the Limerick Diocesan Centre for making this event worthwhile. The Limerick Type 1 Diabetes Support Group can be contacted at livsweeney75@gmail.com.

Families rock on while hill walking in Leitrim

The Sligo/Leitrim parents support group held a very successful day out at Eagles Rock North Leitrim, recently



Pauline Cooney Golf Classic raises €2,000 for Diabetes Ireland

The family of the late Pauline Cooney (nee O'Grady) of Shannon, Co Clare and Mungret, Co Limerick recently presented a cheque to Diabetes Ireland (Clare Branch). Pauline, who had diabetes, passed away on St Patrick's Day 2014.

This is the second year the family has made a donation to Diabetes Ireland in her memory.

The money was raised by holding a Golf Classic with her family and friends and from some donations. The Golf Classic was held in Walton Lodge,

Sixmilebridge.

The cheque for €2,000 was presented by Pauline's son Thomas to Gerry Cooney (who also has diabetes) on behalf of the Clare Branch of Diabetes Ireland. The Clare branch are hugely appreciative of this large donation from the Cooney and O'Grady families.



Michael O'Grady, PJ Phelan and Mike O'Grady who were on the winning team at the Pauline Cooney Memorial Golf Classic held recently



MEET THE SWEETPEA!

We took a moment to get to know a couple of our Sweetpea's a little better over the weekend in Trabolgan with a quick fire question round. We'll introduce you to a few each issue.

James is 9 years old and is in 3rd class at school in Co. Laois. He has had Type 1 diabetes for 6 years, uses an insulin pump and a dexam continuous glucose monitor.

James what do you want to be when you're older?

A goalkeeper

What's your favourite hobby?

Football.

Favourite snack?

Crisps and diet coke

What's your favourite subject at school?

I'm best in my class at maths and I'm good at Irish

Name a country you have visited?

Belgium, Portugal, Majorca and Spain

Tell me a joke

Why did the cow go to the cinema?

He wanted to go to the moooovies!



Hello everyone!

Summer is almost here and we bet you are all looking forward to your summer holidays!

We had a great time with lots of the Sweetpea families at our annual weekend trip to Trabolgan in April. Well done to everyone for taking part in the activities and workshops. We hope you all enjoyed it as much as we did.

We didn't get much sunshine this year but there was lots of fun planting sweetpea seeds and decorating the plant pots, face painting, arts and crafts, playing games in the sports hall, bouncing on trampolines and up in the jungle gym.

We were delighted to have a special gift from JDRC for all the children with diabetes – Rufus the Bear. Rufus the bear also has Type 1 diabetes. He's a very special bear because

he has bright coloured patches on all the parts of his body he has to test and inject himself. We would love to know how Rufus is settling into his new homes – please do share your stories and photos with us!

A BIG thanks to all the SweetPea Volunteers for coming along once again and helping out with the activities and workshops.

We'll be in touch soon with details of our next event, the summer picnic! If you are not a member and would like to find out more about the Sweetpea Kidz Club please contact the Diabetes Ireland office on Tel: 1850 909 909.

If have any suggestions for future events, or have a story or joke you would like to share on this page you can email the committee at Email: sweetpeakidzclub@gmail.com





MEET THE SWEETPEA!

Darragh is 8 years old, he is in 1st class and comes from Abbeyfeale in Co Limerick. He was diagnosed with Type 1 diabetes about 1 and a half years ago. Darragh takes insulin injections and uses a dexcom continuous glucose monitor.

Darragh what would you like be when you're older?

A barber

What's your favourite sports?

Soccer, Gaelic football and basketball

Do you have a favourite snack?

Maltesers

What's your favourite subject at school?

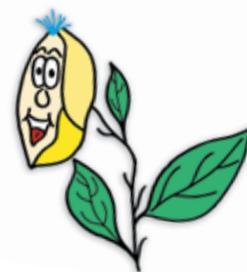
Maths

What are the best and worst things about having diabetes?

I like that I get sweets and Lucozade when I'm low.

Tell me a joke

Why didn't the lamp work?
It had no bulb.



PHONE:

1850 909 909

EMAIL:

SWEETPEAKIDZCLUB@GMAIL.COM

