

Do you have diabetes?

TALK
hypos
DAY AND NIGHT

Are you being treated with insulin or sulphonylureas?

Have you experienced any of the following symptoms during the day or night?

Hypo symptoms

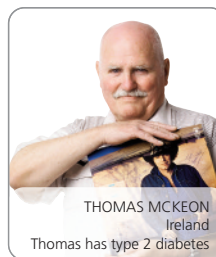
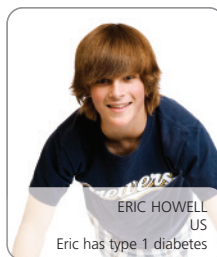
- Unsettled / feeling 'off'
- Hungry
- Sweating
- Dizzy
- Shaking
- Irritable
- Confused
- Cold
- Faint

Night time hypos

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

You could be experiencing hypoglycaemia or 'hypos' (low blood glucose).

Reduce your risk and *TALK Hypos* with your doctor or nurse today.



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SUPPORTED BY DIABETES IRELAND

Diabetes[™]
Ireland


novo nordisk[®]

What are hypos (hypoglycaemia)?

- Hypos are when glucose (also called sugars) in the blood falls to a low level below 4.0mmol/l, whether or not you feel it.

What causes hypos?

- If your diabetes is being treated by insulin or tablets called sulphonylureas (SU's) you might experience a hypo because of: taking too much insulin, delayed missed meals, drinking too much alcohol, exercising more than usual (a hypo can occur up to 24 hrs after vigorous exercise), hot weather, breastfeeding or vomiting just after a meal. Sometimes there is no obvious reason.
- Talk to your diabetes doctor or nurse about what can cause you to have a hypo.

What are the symptoms?

- Hypo symptoms are different for everyone, but they can include: trembling, feeling dizzy, sweaty, hungry, faint, cold, tired, irritable, blurred vision, confused or having difficulty concentrating.
- Hypos can be mild or severe. Symptoms of a severe hypo can include: slurred speech, glazed eyes, poor co-ordination, inappropriate behaviour or you may appear drunk when you are not.
- Hypo symptoms may be recognised by your family, friends or people at work, so it is important to talk to them about hypos and how they can help.

If you feel unwell at all check your blood glucose and if it's below 4.0mmol/l you are having a hypo.

Why *TALK Hypos*?

- Hypos are common and for some people with diabetes a fear of hypos is a big concern.
- Despite this, research shows that people with diabetes don't always talk about hypos with their doctor or nurse.
- Having repeated 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.

What are night-time hypos?

- Night-time hypos are also caused by a fall in glucose levels and occur when a person is asleep.
- They can be a particular concern for people with diabetes as they are unpredictable and hard to detect.
- Night-time hypos are common: around 6 in 10 people have experienced at least one night-time hypo in the previous month.
- The symptoms of night-time hypos can include: waking up with a headache, poor sleep, tiredness, night sweats and having vivid dreams or nightmares.
- Nearly a third of people with diabetes do not report night-time hypos to their doctor or nurse, as they believe they are a 'normal' part of diabetes.
- Undetected night time hypos can also lead to the development of hypo-unawareness.
- Night-time hypos can have an impact on the day-to-day lives of people with diabetes and can lead to days missed from school or work, or less interest in exercise and meeting friends.
- Night-time hypos can lead to physical injuries if people become confused when waking and getting out of bed.
- If you are concerned about night-time hypos then talk to your doctor or nurse.



TALK
hypos
DAY AND NIGHT

MORGANNE SHONE
UK
Morganne has type 1 diabetes

Hypos and driving

- Always check your blood glucose level before driving - do not drive without eating if your blood glucose is below 5.0mmol/l. Speak to your doctor or nurse for more information.

Steps to be taken to reduce the risk of hypos

Test your blood glucose levels regularly, always carry food or drink containing sugar (e.g. glucose tablets), carry a diabetes ID card or bracelet, don't skip meals, take diabetes medication correctly, don't drink too much alcohol and visit your doctor or nurse regularly to check your diabetes and medication.

It's time to *TALK Hypos*



THINK

Do you know what a hypo is?
Do you suffer from hypos?



ASK

your doctor or nurse about hypos and discuss them in your next visit



LEARN

what can be done to better manage your hypos, including lifestyle and treatment options



KEEP

track of your hypos for discussion with your doctor or nurse

How to treat a day or night-time hypo

- Act immediately. Ask for help as soon as you can.
- If you are conscious and it is safe to swallow, have some sugar as quickly as possible (liquid form is the easiest). Take 15g of fast acting carbohydrate, for example 5 glucose tablets (Dextrose-Energy*, Lucozade*) or 100ml of Lucozade* original or 150ml fruit juice or 150ml sugary drink (e.g. Coke*, 7up*, but don't use diet drinks). Explain to your family and friends that they might have to help you to drink it.
- Retest your blood glucose levels after 10–15 minutes and re-treat as above if your blood glucose levels are still less than 4mmol/l. If you are starting to feel better, eat your meal if due or have a small carbohydrate snack e.g. bread, fruit.
- Should you have a severe hypo and pass out, your family or friends 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 999/112 immediately.
- If you wake up and believe you have had a night-time hypo, the best way to confirm this is to do a blood test. If you are having a hypo, then treat it as described above.
- For full information about managing and avoiding day and night-time hypos, talk to your doctor or nurse at your next appointment.



SUE HEYWOOD
UK

Sue has type 2 diabetes

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