



# Living with Diabetes

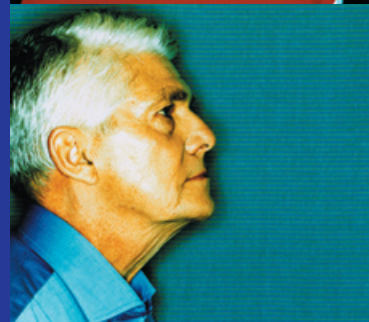


**sanofi aventis**

Because health matters



76, Lower Gardiner Street, Dublin 1  
Tel: 01-836 3022 Fax: 01-836 5182  
Lo-Call: 1850 909 909  
website: [www.diabetes.ie](http://www.diabetes.ie)  
e-mail: [info@diabetes.ie](mailto:info@diabetes.ie)



**sanofi aventis**

Because health matters





## Diabetes Explained

### What is Diabetes?

Diabetes is a medical condition. It does not inhibit the ability to pursue a rewarding career, to travel and to experience other places and cultures. Well-controlled diabetes allows people to live a normal life.

Diabetes is a condition of absolute or relative lack of insulin, the hormone secreted by the beta cells in the pancreas gland. Lack of insulin results in the inability to utilise food, so the sugar in the blood and the fat in the blood rises.

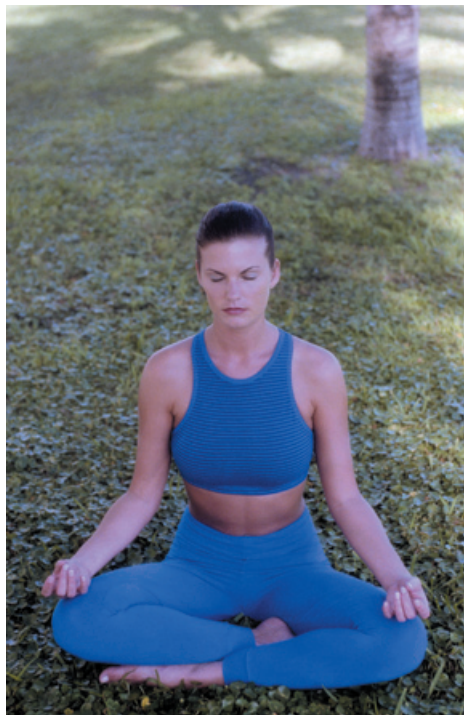
### Symptoms of Diabetes

- Increased thirst and a dry mouth
- Passing large amounts of urine (day and night)
  - Tiredness
  - Weight loss
  - Genital itching
  - Skin infections

### There are two types of Diabetes

• **Type 1 diabetes** (insulin-dependent diabetes) develops when the beta cells in the pancreas cease functioning. This usually happens very

quickly and the person becomes unwell over days or weeks. Children and young people (under the age of 25) are usually affected by this type of diabetes, but it can appear at any age. The cause is not known, but both genes and viruses play a part. Antibodies caused by previous infection destroy the beta cell. Type 1 diabetes must be treated with insulin. Only 10% of people with diabetes have Type 1 diabetes and 90% have Type 2 diabetes.



## Diabetes Explained



• **Type 2 diabetes** (non-insulin-dependent diabetes) is a very common condition affecting up to 10% of the population over the age of 50 years and is increasing at an alarming rate. It is caused by both a defect in the pancreas and a resistance by the body to the action of insulin. Thus, people with Type 2 diabetes initially often have high blood sugar levels and high insulin levels but, in many cases, the pancreas fails completely with time. The symptoms come on more slowly in Type 2 diabetes than in Type 1 and the condition has been calculated to be present for an average of seven years before diagnosis. This is why it is not infrequent for a person to be diagnosed with diabetes when they present with heart disease, damage to the back of the eye or damage to the nerves and blood vessels in the feet. Early diagnosis and treatment is essential to prevent these complications.

The most important factors leading to Type 2 diabetes are being overweight and aged over 40, lack of exercise and a family history of diabetes. Women who have previously had a large baby or have had diabetes in pregnancy are at high risk of developing diabetes in middle age.

**Good control of diabetes is compatible with a long and healthy life.**

Type 2 diabetes is usually treated first by weight reduction and exercise. However, tablets may have to be used. The main types of tablets are:

[1] those which stimulate insulin secretion (the sulphonylurea type of drugs), and [2] those which improve insulin resistance (biguanides and the thiazolidinediones). Sometimes drugs which inhibit carbohydrate or fat absorption are also used. Many patients eventually will need insulin to control their blood sugar.

Type 2 diabetes is particularly associated with other risk factors for heart disease such as high blood pressure, high cholesterol and high triglycerides. These factors must be searched for at regular intervals and treated.







## The Blood Sugar

### Low blood sugar

Hypoglycaemia ('hypo') is when the blood sugar levels are too low and it can occur very quickly. It is common when on insulin but rare on a sulphonylurea and never occurs whilst on a diet or the biguanide, metformin (Glucophage). The cause of a hypo is too much insulin to balance the amount of food and exercise taken. 'Hypo' warning signs vary. They include: feeling shaky/dizzy, confused, anxious, hungry,

tired or sweaty. Other people may notice odd behaviour, with slurred speech and unsteady gait. Observers may confuse 'hypos' with drunkenness. The emergency treatment is sugar, but it is then necessary to decide how to prevent a recurrence. There are three options: less insulin, less exercise or more food.

### High blood sugar

Hyperglycaemia is due to too little insulin for the amount of food and exercise taken. Hyperglycaemia can happen during illness, infection and stress. Persistent high blood sugars and any medical symptoms should be reported to your GP or diabetes care team. It is important to understand how to lower consistently high blood sugar. The main symptoms of high sugar levels are tiredness, thirst, dry mouth, passing lots of urine day and night, genital itching and rash. However, it is important to remember that people with diabetes often do not feel any of these symptoms when their blood sugar is persistently high, yet high blood sugar damages the arteries.



## Pathway to Good Health

### Measuring Blood Sugar Levels

The best way to monitor diabetes is by finger prick blood tests. Fasting and pre-meal blood sugar levels should be between 4 and 7mmol/l. Levels which drop below 3.5mmol/l are too low, causing hypoglycaemia which can result in sweating, trembling, confusion and eventually loss of consciousness. Fasting and pre-meal levels which are consistently higher than 7.0mmol/l require alteration in treatment. A person with Type 1 diabetes should carry sugary foods and identification with them at all times.

A1C is a blood test which indicates the average blood sugar level during the preceding thirteen weeks. It is important to have this test done at least once a year to confirm home readings. If high, it should be repeated in thirteen weeks to make sure the alteration in treatment has been successful.

### Measuring Blood Sugar

The virtually painless finger prick measurement of blood sugar has revolutionised the care of diabetes. The diabetes care team will advise on when blood sugar should be tested and what adjustments should be made for optimum management of diabetes if the blood sugars are not satisfactory.

The goals which have been set for each person should be clearly understood. Good blood sugar control will ensure a healthy and complication-free life. The person with diabetes should remember that he or she is the most important partner in the diabetes team. It is up to them to agree targets for blood sugar, blood pressure and cholesterol and it is their responsibility to meet these targets.

### Finger Prick Devices

There are various spring-loaded finger pricking devices available which are very simple to use. Instruction on their use will be given by the doctor or nurse specialist.





## Pathway to Good Health

### Blood Glucose Machines

These machines have been developed to the stage where they are very simple to use, accurate, light weight and small. They depend on a drop of blood being placed on a strip which is read by the meter; the blood glucose result is displayed electronically. The technology is changing so quickly that it is wise to make sure to keep in touch with new developments. The first continuous blood glucose meters have been marketed in some countries so watch the pages of the Federation's magazine "Diabetes Ireland" carefully.

### Monitoring Your Blood Pressure

Resting blood pressure (BP) should usually be lower than 130/80. Blood pressure is the pressure in the arteries, and is recorded as follows:

- 130** (higher number is recorded when the heart pumps)  
**80** (lower number is recorded when the heart relaxes).

High blood pressure (hypertension) is a BP consistently higher than 130/80. With diabetes, it is healthier to have a BP below 130/80. Hypertension is a common condition and, if it is controlled, it reduces the risk of a stroke, heart attack and damage to other blood vessels just as in people without diabetes. Hypertension can be successfully treated and it must be monitored regularly.

### Diabetes and the Heart

Persistently high blood sugar, blood pressure and cholesterol may lead to damage to the heart and arteries. This is why it is so important to make sure that the levels are regularly measured and are within the normal range. If levels are not normal, expert advice should be sought so that suitable treatment can be commenced. Prevent damage to the heart and blood vessels by ensuring normal blood sugar, blood pressure and cholesterol.



## Pathway to Good Health

### The Kidney and Diabetes

Poor control of blood sugar and blood pressure can damage the kidneys. Early detection of kidney damage is very important as progression can be prevented and reversed. Early damage is diagnosed by testing the urine for very small amounts of protein (microprotein). This test should be carried out once a year.

### Eyecare

Damage to the back of the eye (retinopathy) is a very serious complication and can lead to blindness. It is preventable over the years by good control of blood sugar, blood pressure and cholesterol. Cigarettes are particularly damaging and promote the development of retinopathy. The eye should be examined at least once every year, since early detection of retinopathy and appropriate treatment prevents blindness.

### Footcare

If diabetes has been present for many years and is poorly controlled, it can sometimes cause damage to the nerve endings (neuropathy) resulting in numbness, tingling or pain in the toes and feet. With neuropathy, it may not always be possible to feel discomfort or pain and ulcers may develop.

- Narrowing or hardening of the arteries can also occur and can reduce the blood supply to the feet, causing poor circulation with cold

feet and cramp in the calf muscles.

- Feet should be examined during the annual check-up. The doctor will test for neuropathy by using a tuning fork, reflex hammer and test for sensation. The doctor will also examine for evidence of circulatory problems.

- The doctor or nurse must be informed urgently if any sores, redness, swelling, skin damage or athlete's foot appear. If corns or calluses appear arrange to see a chiropodist. Never use razor blades to pare the corns and never use corn plasters.

**Complications are preventable and will not occur if diabetes is well controlled throughout your life. Diabetes is compatible with a long and healthy life.**







## Dietary Advice

A diet for Diabetes is an essential part of treatment and therefore a diet to follow for life. The diet is based on healthy eating guidelines and is suitable for the whole family. If you are overweight it is vital to lose weight by changing your diet and exercising, as long term this will help your diabetes control. Each person diagnosed with diabetes should be given an appointment to see a dietician. Outlined below are the guidelines you should follow.

### Eat 3 regular meals based on starchy foods

It is important to eat 3 regular meals and include a starchy food at each meal such as bread, cereals, pasta, potatoes and rice. Try to include wholegrain high fibre varieties where possible. Try to include similar amounts of these foods at mealtimes, as this helps to maintain good control of blood sugars. If you need to lose weight you may need to reduce your portion size.



### Eat Plenty of Vegetables and Fruit

Eating plenty of vegetables and fruit has many health benefits including reduced risk of heart disease. Eat 4-5 portions of vegetables and fruit every day e.g. 2 fruit, veg. at dinner, salad at lunch.

### Eat less sugar

Adding sugar to food or drink will make your diabetes harder to control, so avoid adding sugar to foods or beverages. Foods made up of sugar such as jelly, desserts, chocolate, cakes, meringues, boiled sweets, minerals (unless diet) etc. are best avoided.

### Protein intake

Meat, fish, poultry, cheese and eggs are the main protein foods. Pulses (lentils, beans – all varieties), nuts and seeds are important protein sources for vegetarians. People with diabetes need the same amount of protein foods as the rest of the population.

### Calcium

It is important to include dairy foods in your diet as these foods are an important source of calcium and have been shown to be beneficial in helping lower blood pressure and help with weight loss. Include 3 servings of dairy food each day.

1 serving = 1 glass milk  
1 oz. cheese  
1 pot diet style yogurt

## Dietary Advice

### Eat less fatty foods

Cutting down on high fat foods such as crisps, chips, pastry, cakes, cream and fatty meat can help to reduce your risk of heart disease and can help you to maintain a healthy weight.

Do not fry foods – grill, bake, casserole, etc. For those who need to lose weight, using lower fat alternatives such as low fat spreads, low fat mayonnaise and low fat sauces is beneficial.

For those who are at a healthy weight, using olive oil or rapeseed in cooking or as salad dressing is recommended.



### Diabetic foods

Foods labelled as “suitable for those with Diabetes” or “Diabetic foods” e.g. diabetic jams, sweets, biscuits, cakes and diabetic chocolate are not recommended as many are high in calories and fat, and can cause diarrhoea. They are also very expensive to buy. Artificial sweeteners will not cause blood sugars to rise and can be used if desired e.g. Hermesetas, Canderel, Sweetex, Splenda.

### Alcohol

Some alcohol can be included as part of a healthy eating pattern. Healthy weekly limits for alcohol consumption are:  
*Not more than 21 units for men.*  
*Not more than 14 units for women.*

**1 pint of beer = 2 units**

**1/4 bottle of wine = 2 units**

**A measure of spirits = 1.5 units**

- Always dilute spirits with water or a diet mixer.
- Avoid sweet wines, sweet sherries, sweet cider and liquors.
- Alcohol is high in calories so keep it down to a minimum if you are trying to lose weight.
- Low sugar beers/lagers often have a higher alcohol content and so contain more calories, so beware!
- Remember to spread your alcohol intake over the week and have a few alcohol-free days.





## Dietary Advice

- Excess alcohol can have the effect of lowering blood sugar levels so people with Type 1 diabetes or who take tablets called sulphonylureas need to limit the number of drinks they have and take a small snack after alcohol.

### Salt

Too much salt can increase your risk of high blood pressure. Taste your food before you season. Avoid salting your foods and reduce your intake of very salty foods such as salty snacks, crisps, smoked fish, cured meats, and cheese.

### Oily fish

It is recommended to eat oily fish such as salmon, trout, herring, mackerel and sardines once or twice a week. Oily fish contain omega 3 fatty acids which help to lower the risk of heart disease.

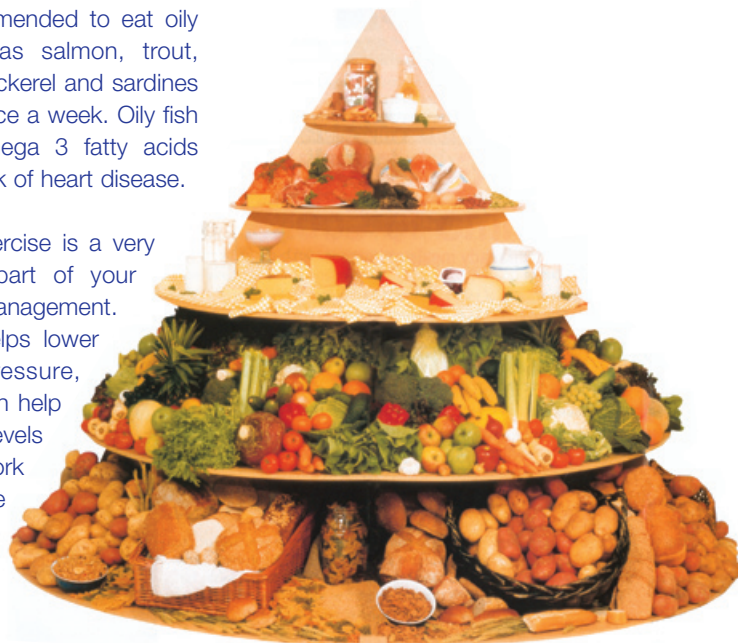
### Exercise

Regular exercise is a very important part of your diabetes management. Exercise helps lower blood pressure, helps with weight loss, can help reduce your blood sugar levels and allows your insulin work more effectively. As exercise

can lower your blood sugar levels (sometimes causing hypoglycaemia), discuss exercise with your diabetes team to decide what is best for you.

### These are general guidelines

Enjoy your food and eat healthily. People with diabetes should have individual consultations with a dietician at least once a year. Infants, children and adolescents with Type 1 diabetes need personalised dietary review at least 4 times a year to account for optimum growth and development.



## Injection Technique

Insulin should be administered by a subcutaneous injection. The subcutaneous layer of tissue is located between the fatty layer under the skin and the muscle layer, which lies below it.

Injecting insulin is a lifelong commitment, therefore, injection sites are very important, so care must be taken when choosing these sites. It is not recommended to use the arms for insulin injections, as there is usually only a thin layer of subcutaneous tissue in this area.

### Important facts about Insulin Injections

- It is vital to change injection sites regularly. Injecting into the same place will cause the skin to become 'lumpy'. This is not only unsightly, but the insulin will also be absorbed at an unpredictable rate.
- If insulin is injected accidentally into the muscle, the injection is not only more painful, but the insulin is absorbed at a much quicker rate, which could result in a hypoglycaemic episode.
- The type of insulin injected will affect the rate of absorption.
- Temperature has a direct effect on insulin absorption. It is absorbed at a much quicker rate in warmer conditions. Caution should always be exercised, not only in warmer climates, but also in case of a fever.
- Exercise will accelerate the rate of insulin absorption. For example, jogging or cycling after an injection in the thigh, will speed up absorption of the insulin.

### What to use when giving an insulin injection?

The insulin pen system has simplified insulin delivery. Pens come in all sizes, shapes and designs and many combinations of slow- and fast-acting insulin are available. The diabetes team will instruct on the use of these very simple devices.



### What size needles should be used?

There is a wide range of needle lengths available designed to cater for a variety of needs. Again the diabetes team will advise. The needles are now so thin and precise that many people consider injections painless. Always have a spare pen and needle or syringe and needles available. Always have a supply of insulin available which should be stored in the fridge.







## Injection Technique

### Giving an injection

The diabetes care team will instruct on the best method to give the injection. Remember to always change the injection site from one injection to the next. Never give insulin repeatedly in the same site. Always have a spare pen(s) available and spare refills for people on a refill pen system. Keep the spare pens in a fridge.

### Preferred areas for insulin injections:

- The upper and lower abdomen, avoiding the umbilical region.
- The upper (and outer) part of the thigh.
- The upper (and outer) area of the buttocks.



## Professionals involved in Diabetes Care

### The General Practitioner

The GP usually plays a central role in the care of people with diabetes. He/she will probably have made the diagnosis and will direct further care. Sometimes diabetes care is combined between the hospital and G.P.

### The Consultant

Most large hospitals will have a department of diabetes which will be run by one or more consultants specially trained in diabetes. Under his/her charge

will be junior doctors training in diabetes. The most senior of these doctors is the registrar, next comes the senior house officer and the most junior is the intern or house officer.

Most people with diabetes will be referred to an expert centre for assessment and young people on insulin usually continue to attend the clinic on a regular basis.

## Professionals involved in Diabetes Care

### The Diabetes Nurse Specialist

Nurses specialising in diabetes are attached to the hospital diabetes clinic and to some general practices. The nurse specialist will advise on all aspects of diabetes. The nurse specialist is available for telephone calls and will help people to manage their diabetes.

### The Community Pharmacist

The community pharmacist will dispense all medication and equipment necessary for diabetes. They will advise on all aspects of medication and equipment and will inform people of any possible drug interactions when new medication has been prescribed.

### The Dietitian

The dietitian will assess eating patterns and advise on the changes necessary to comply with a healthy diet. He/she will also advise on the nutritional adequacy of foods and explain how to control weight if this is an issue.

### The Chiropodist /Podiatrist

Advice about foot care is given by the chiropodist/podiatrist. It is particularly important for older people to attend the chiropodist on a regular basis. People with diabetes should consult their diabetes team about accessing chiropody and podiatry care.

### The Social Worker

The diagnosis of diabetes is very often traumatic not only to the patient but also to their family. It is important to be able to speak about the fears and tensions that arise within the family. The social worker is available for consultation. Some hospitals have the services of a psychologist; you may be referred to a psychologist rather than a social worker initially. Where these services do not exist, the Federation now has a list of fully accredited counsellors with an understanding of diabetes available for consultation on a private fee-pay basis.

### The Ophthalmologist

The eye specialist has clinics in the hospital. Those newly diagnosed with diabetes will usually be referred to the specialist for a routine examination soon after diagnosis. It is recommended that eyes be dilated with drops and examined annually since early treatment of retinopathy (the damage to the back of the eye) can be successfully treated with laser therapy.

### The Optician

The optician, although not medically qualified, is usually very expert at examining the back of the eye and will refer patients to an ophthalmologist if necessary. The optician will test to see if glasses are necessary and, of course, will supply the glasses if needed.





## Lifestyle and Living

**Employment** Diabetes may be misunderstood and feared by some employers. If you are the right person for the job, it is important that you can show that diabetes will not affect your work. Always tell your colleagues you have diabetes and explain that it will have no impact on your performance when well controlled. Explain hypoglycaemia and what needs to be done in an emergency.

Diabetes is not a disability. People who feel they have been discriminated against should consult the Diabetes Federation of Ireland. At present, treatment with insulin precludes entry into the following professions:

- The Gardaí
- Fire service
- Armed forces
- Train drivers
- Airline pilots and air traffic control
- Bus drivers

**Exercise and Sport** Regular exercise keeps people fit, controls weight, allows insulin to work better and reduces the risk of heart attack and stroke. Regular exercise is important for a long and healthy life. Virtually all sports are open to people with diabetes and indeed many world class athletes have had diabetes.

Depending on the type of exercise, it may be necessary to lower the insulin dose and



increase food consumption to avoid low blood sugars (hypos). People should talk to their doctor before starting an exercise programme. Vigorous and prolonged daytime exercise may cause hypoglycaemia during the night, and extra carbohydrate may be necessary at bedtime.

### Holidays and Travel

Diabetes does not prevent the person from experiencing new places or cultures. For example, the Diabetes Federation of Ireland fielded a team of members with diabetes who successfully climbed Kilimanjaro, the highest mountain in Africa.

## Lifestyle and Living

### Before travelling it is advisable to:

- Contact the doctor, hospital or clinic to get the necessary vaccinations.
- Consult the doctor, hospital or clinic for advice on crossing time zones and also to supply any explanatory letters required at customs points to explain equipment (i.e. syringes/needles) which may be needed.
- Arrange adequate medical insurance (the Federation has special offers).
- Carry a diabetes identity card or engraved disc/bracelet.
- Discuss managing sickness and diarrhoea with the diabetes care team beforehand. As a precaution, drink only bottled water, avoid salads in hot and underdeveloped countries and consider hygiene levels in restaurants.
- Keep insulin cool (e.g. in a thermos flask or Frio bag) and wrap the pens, cartridges and vials in cotton wool, tissue or paper to prevent breakages.
- Carry insulin, pens, syringes and other equipment in hand luggage to last for a few days, in case stored luggage is mislaid. When travelling by air, insulin should not be stored in the main baggage area as it may freeze, making it less effective.
- To maintain good control of diabetes, be extra vigilant with blood glucose testing to monitor the changes of routine and food.
- Always carry glucose sweets or a fast-acting carbohydrate.
- Carry a letter from your doctor/nurse stating you have diabetes and your current medications.

- Find out what types and strengths of insulin are available abroad in case of emergencies. If taken ill on holiday, never stop taking insulin even if vomiting and unable to take food or drink. Usually illness requires increased doses of insulin. Test blood sugar every hour and take quick-acting insulin to keep blood sugar levels normal. Make sure to know what to do during an acute illness.



### Medical Entitlements

#### (a) Medical Card

Medical card holders with diabetes may avail of GP services, in-patient services in hospital public wards, specialist services in out-patient clinics (including visits to the chiropodist and ophthalmologist), and exemption from daily hospital charges. They may also avail of free prescribed drugs and medicines such as insulin, syringes, pens







## Lifestyle and Living

and tablets for high blood pressure. Test strips and monitors for urine and blood glucose monitoring are free.

### (b) Long-Term Illness Booklet

People who do not qualify for a medical card are entitled to a long-term illness booklet from the local health board. This entitlement is not means tested. The GP or consultant will verify the diabetes and will prescribe the requirements in the space allotted in this booklet. All medication and drugs relating to diabetes, including drugs for blood pressure and for lowering cholesterol, can then be obtained at any pharmacist on production of the booklet, free of charge.

Note: Long-term illness booklet holders must pay for all prescription and drug costs which are not part of the diabetes treatment. They are not entitled to free GP services and must pay daily hospital charges.

### Driving

When applying for a driving licence, an eye test must be taken. Answer 'YES' to Question 13 on the Application

Form for a provisional or full driving licence which lists diabetes among a series of other 'disabilities'. Otherwise the licence will be invalid. A special form (Reg. D501) should be filled in by the GP to inform the licensing authority that the diabetes is controlled and will not impair safety as a driver. The form must be signed in the doctor's presence.

When driving, carry glucose tablets and some food (e.g. biscuits) in the car (if on insulin or sulphonylurea tablets). It is wise to test blood sugar levels before driving and it is wise not to drive for more than two hours without a snack or blood sugar check when on insulin. Stop at the least sign of a 'hypo'.

### Motor Insurance

The Diabetes Federation of Ireland has negotiated special motor insurance packages for members aged 25 and over, with no loading because of diabetes. Younger drivers may also be offered terms without loading for diabetes.

## Diabetes Federation of Ireland

### Mission Statement

To provide a quality service in improving the lives of people affected by diabetes and working with others to prevent and cure diabetes.

The Federation aims to:

- Represent people with diabetes.
- Help and provide information for people with diabetes, their families and the community.
- Create awareness of diabetes and to foster programmes for the early detection and prevention of diabetes.
- Provide ongoing support for people with diabetes.
- Support and encourage advances in diabetes care and research.
- Raise the funds which make the achievement of these aims possible.

We can be contacted at **Lo-call 1850 909 909** between 9am and 5pm (Monday to Friday), and are happy to answer any general queries on diabetes, welfare entitlements, travel, employment and insurance, the Federation and access to our other services. We are unable to advise on individual medical treatment. Visit our website at **[www.diabetes.ie](http://www.diabetes.ie)** or e-mail: **[info@diabetes.ie](mailto:info@diabetes.ie)**

### Publications

Our lifestyle magazine "Diabetes Ireland" reports on the Federation's activities and keeps you abreast of new developments in the diabetes world. The Federation produces publications, leaflets, information packs and videos on various aspects of diabetes, (see booklist on page 17).

### Insurance

The Federation has negotiated a number of group scheme packages at highly competitive rates. Some of these schemes reflect the Federation's success in persuading the insurance industry that well-managed diabetes is compatible with a long and healthy life. Schemes include motor insurance, household and travel packages, mortgage and mortgage protection packages, Specified Illness and Life Cover Plan and Personal Accident Cover.





## Booklist

### General (free unless otherwise stated)

- Living with Diabetes
- Food and Diet Focus on Diabetes
- Personal Insurance Options for People with Diabetes
- Making Your Will – A quick & easy way to legacies & donations
- Diabetes Ireland Magazine €3.00 (free to members)
- Diabetes Professional Magazine Free to Healthcare Professional Members

### Children with Diabetes

- Student with Diabetes
- Pete the Pancreas
- Video: Juvenile Diabetes “An Information Guide” €10.00  
€8.00 to members

### Type 2 Diabetes

- The Self Care Guide for People with Type 2 Diabetes
- Guide to the Diabetes Team

### Jewellery

- Bracelet - Child (Inscribed “Diabetic”) €25.00
- Bracelet - Ladies (Inscribed “Diabetic”) €35.00
- Bracelet - Gents (Inscribed “Diabetic”) €45.00
- Watch style bracelet with disc €32.00

### Frio Insulin Cooling Bags

- Large (holds 12 vials & 1 pen) €32.00
- Extra Large €36.00

Other leaflets on varying aspects of diabetes also available. Contact the Diabetes Federation helpline on **LoCall 1850 909 909**



### Local support branches

- |                 |                   |             |
|-----------------|-------------------|-------------|
| • Athlone       | • Kilkenny/Carlow | • Monaghan  |
| • Cashel        | • Laois           | • Mullingar |
| • Clonmel       | • Leitrim         | • Sligo     |
| • Cork          | • Midwest         | • Thurles   |
| • Donegal       | • Longford        | • Waterford |
| • Dun Laoghaire | • Louth           | • Wexford   |
| • Galway        | • Mayo            | • Wicklow   |
| • Kildare       | • Meath           |             |

### Regional Resource and Information Centres

- |  |  |
|--|--|
| <b>North Western Regional Resource &amp; Information Centre</b><br>1 Wine Street, Sligo<br>Tel/Fax: 071 914 6001<br>E-mail: <a href="mailto:nwro@diabetes.ie">nwro@diabetes.ie</a><br><a href="mailto:may.mccconnell@diabetes.ie">may.mccconnell@diabetes.ie</a> | <b>Southern Regional Resource &amp; Information Centre</b><br>32 Grand Parade, Cork City<br>Tel: 021 427 4229<br>Fax: 021 427 0009<br>E-mail: <a href="mailto:sro@diabetes.ie">sro@diabetes.ie</a> |
|--|--|

For further information about your branch and contact name please get in touch with the Federation at 76 Lower Gardiner Street, Dublin 1.

Tel: 01-836 3022

Fax: 01-836 5182

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

E-mail: [info@diabetes.ie](mailto:info@diabetes.ie)

### Acknowledgements

Diabetes Interest Group of the Irish Nutrition and Dietetic Institute.

Diabetes Helpline: **LoCall 1850 909 909**



## Membership Form

### Welcome to the Diabetes Federation of Ireland

Since 1967 the Diabetes Federation of Ireland has been dedicated to helping people with diabetes. Through its network of support branches and other services throughout the country, people who have an interest in diabetes are dedicated to sourcing and sharing information on diabetes and related matters.

### What are the aims of the federation?

- To represent people with diabetes
- To help and provide information for people with diabetes, their families and the community
- To create awareness and to foster programmes for early detection of diabetes
- To support and encourage advances in diabetes care and research
- To raise funds which make the achievement of these aims possible

People like you help fund our vital work, through membership. The Diabetes Federation of Ireland offers a wealth of benefits to members such as:

- Receipt of our official information-packed bi-monthly magazine "Diabetes Ireland"
- Information booklet "Living with Diabetes"
- Access to a wide range of quality diabetes publications, many free of charge
- Knowledge that you are making a valuable contribution to the Diabetes Federation of

Ireland in its search to find a cure and better ways to care for the condition

- Support our work to fight discrimination against people with diabetes
- Access to local support groups and regional branches
- Access to unique insurance schemes that are not available to non-members

### Tax relief for the Diabetes Federation of Ireland?

The 2001 Finance Act allows the Diabetes Federation of Ireland as a registered charity to reclaim the tax paid by an individual on a donation of €254.00 or more. For example, an individual PAYE taxpayer who donates €254.00 and completes the form giving details of the donation and their PPS number, allows the Federation to claim back the tax already paid on the €254.00 directly from Revenue.

**Please see overleaf for membership categories, payment methods and how to make a donation to the Diabetes Federation of Ireland and return the relevant sections to us at: 76 Lower Gardiner Street, Dublin 1.**

**Lo-call 1850 909 909**

**Tel 01-836 3022**

**Fax 01-836 5182**

## Membership Form

### Your details

Title \_\_\_\_\_  
First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel. (Home) \_\_\_\_\_

Tel. (Work) \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_

Type of Diabetes ☐ Type 1 (insulin dependent)

☐ Type 2 (non-insulin dependent)

### Membership categories

Please tick box indicating the membership you require

Full rate adult membership €30.00 ☐

Family rate €35.00 ☐  
(includes Sweetpea Kidz Club membership for children with diabetes up to 12 years old. Complete your child details overleaf)

Concessionary rate €20.00 ☐  
(Senior Citizen, full-time student)

Professional Service Section €35.00 ☐

### How to pay for membership and make a donation

We want to make it as easy as possible for you to join the Diabetes Federation or make a donation. Therefore, the following payment options are available to you:

- 1 Credit Card
- 2 Cheque/Postal Order
- 3 Direct debit
- 4 Direct Debit Monthly Draw
- 5 Online membership at [www.diabetes.ie](http://www.diabetes.ie)

### 1. I want to pay by Credit card.

To pay by credit card simply call the Federation on LoCall no. 1850 909 909 (office hours) with your credit card details. Alternatively complete the following section.

Visa ☐ Mastercard ☐

Card number \_\_\_\_\_

Expiry date \_\_\_\_\_ (MMYY)

My credit card will be debited for the membership amount of € \_\_\_\_\_

I also want to make a donation to the Federation of € \_\_\_\_\_

Please debit my credit card for the total amount of € \_\_\_\_\_

## Membership Form

### 2. I want to pay by cheque/postal order.

Please make your cheque/postal order payable to the Diabetes Federation of Ireland and indicate the appropriate amount payable.

My cheque/postal order covers the membership amount of € \_\_\_\_\_

I also want to make a donation to the Federation of € \_\_\_\_\_

The total amount indicated on my cheque/postal order is € \_\_\_\_\_

### 3. I want to pay by Direct Debit.

Instruction to your bank to pay direct debits  
**Please complete parts A to E to instruct your Bank to make payments directly from your account.**

Originator's Identification Number **302526**  
Originator's Reference \_\_\_\_\_

**A** The manager of \_\_\_\_\_ Bank

**B** Name of account holder \_\_\_\_\_

**C** Sort Code    -    -     
Account Number

**D** Membership No. DFI \_\_\_\_\_

### E Your instructions to the bank, and signature

I instruct you to pay Direct Debit from my account at the request of Diabetes Federation of Ireland.

The amounts are variable and may be debited on various dates.

I understand that Diabetes Federation of Ireland may change the amounts and dates only after giving me prior notice.

I shall inform the Bank in writing if I wish to cancel this instruction.

I understand that if any Direct Debit is paid which breaks the terms of the instruction, the Bank will make a refund.

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

### 4. Direct Debit Monthly Draw.

With this option you will donate €5 per month and be entered into a monthly draw with a first prize of €500. In return you will receive free annual membership and continue to be a valued member receiving full Federation member benefits, and through your extra donation support the ongoing work of the Federation. To be entered into the monthly draw for €500 simply complete section 3, and tick this box ☐

and sign here \_\_\_\_\_

## Membership Form

### 5. Online Membership

I want to join online.

Log onto [www.diabetes.ie](http://www.diabetes.ie) for details

### Your child's details Application form for Sweetpea Kidz Club Membership

Please complete this information in Block Capitals for inclusion on your Sweetpea Kidz Club Identity Card.

### I have Diabetes

My name is \_\_\_\_\_

Membership no. \_\_\_\_\_

Date of Birth \_\_\_\_\_

### In case of emergency please contact

Name \_\_\_\_\_

Tel. no. 1 \_\_\_\_\_

Tel. no. 2 \_\_\_\_\_