

understanding **DIABETES**

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in association with



*Folk singer Cara
Dillon tells how her
life has evolved since
being diagnosed with
Type 1 diabetes*

Awareness is key to limiting spread of diabetes

The latest estimates show there are 207,490 people with diabetes in Ireland in the 20–79 age group (prevalence of 6.5% in the population) which is in line with previous estimates that by 2020 there would be 233,000 people with the condition, and by 2030 there would be 278,850 people with the condition.

Diabetes is fast becoming a serious threat to human health. This is true of the human population globally, and it is particularly true of people living in Ireland.

This new *Irish Examiner* publication — produced in partnership with Diabetes Ireland and title sponsors MiWadi 0% Sugar — aims to raise awareness of the threat which diabetes presents to an increasing number of people, and to offer useful advice on its prevention for some and its management for others.



Kieran O'Leary
Chief Executive
DIABETES IRELAND

What is diabetes?

Diabetes is an illness that can occur when a person's blood glucose is too high. Blood glucose is your main source of energy and comes from the food you eat. Insulin, a hormone made by the pancreas, helps glucose from food get into your cells to be used for energy.

What is diabetes mellitus?

The term 'diabetes' means excessive urination and the word 'mellitus' means honey.

Diabetes mellitus is a lifelong condition caused by a lack, or insufficiency of insulin. Insulin is a hormone — a substance of vital importance that is made by your pancreas.

Insulin acts like a key to open the doors into your cells, letting glucose (sugar) in. In diabetes, the pancreas makes too little insulin to enable all the glucose in your blood to get into your muscle and other cells to produce energy.

If glucose can't get into the cells to be used, it builds up in the bloodstream.

Therefore, diabetes is characterised by high blood glucose (sugar) levels.

Before you got diabetes

Before you got diabetes, your body automatically kept your blood glucose exactly at the right level. Here is how that worked. After a meal containing carbohydrates, sugar is absorbed into the blood stream very quickly.

The amount of glucose in your blood must not get too high or too low.

Two hormones — insulin and glucagon — produced in the pancreas — ensure that the blood glucose was always well controlled no matter how much you had to

eat and how much you exercised.

Diabetes in Ireland

An alarming one-in-three Irish families is currently affected by diabetes. There are two types of diabetes, Type 1 diabetes and Type 2 diabetes. The differences and similarities between the two conditions are outlined on Page 4. In the absence of a register of people who have diabetes no-one can be entirely sure how many people in Ireland live with diabetes.

Type 1 diabetes

The prevalence of Type 1 diabetes, an auto-immune condition, is on the rise and is typically diagnosed in childhood.

People with Type 1 diabetes account for approximately 14,000 to 16,000 of the total diabetes population in Ireland i.e. 10-15% of the population of people living with diabetes.

It is estimated there are 2,750 people under 16 years of age living with Type 1 diabetes (based on the Irish Paediatric Diabetes Audit 2012) results and other young adults under 20 years attending transition clinics).

Type 2 diabetes

According to the Healthy Ireland survey, 854,165 adults over 40 in the Republic of Ireland are at increased risk of developing (or have) Type 2 diabetes. More alarmingly, there are a further 304,382 in the 30 to 39 year age group that are overweight and not taking the weekly 150 minutes recommended physical activity, leaving them at an increased risk of chronic ill-health. This means that there are 1,158,547 adults in Ireland that need to consider making changes to their daily behaviours in terms of eating healthily and being more active.

It is estimated there are over 15,600 people aged 80+ living with Type 2 diabetes based on the TILDA study which found a prevalence of 11.9% in the 75+ age group. The International Diabetes Federation's (2012) estimates by 2030 there will be 278,850 people with the condition (7.5% of population).

Are you at risk?

Check your personal level of risk on the Diabetes Ireland website: www.diabetes.ie

Top tips for organising a diabetes fundraiser

Diabetes Ireland incurs significant costs maintaining its care and advice services and research programmes. Sometimes, the hardest part of organising a fundraiser is coming up with a fundraising idea. For ideas, visit the Diabetes Ireland website:

www.diabetes.ie

e: info@diabetes.ie
tel: 01 842 8118
Postal: Diabetes Ireland
19 Northwood House
Northwood Business Campus
Santry, Dublin 9
D09 DH30



The Diabetes Ireland website — www.diabetes.ie — is a reliable source of information and guidance on managing diabetes.



Eoghan Quinn, who is kitesurfing from France to Ireland to raise funds for Diabetes Ireland.

Eoghan braves the waves for Diabetes Ireland

Diabetes won't prevent you from living life to the full — once you plan ahead and manage it properly.

So says Eoghan Quinn, who is kitesurfing 275 miles (almost 450km) from France to Ireland this summer, in association with Diabetes Ireland. The Waterford native, aged 31 and living in Scotland, was four when he was diagnosed with Type 1 diabetes. He will be kitesurfing for 16 hours straight.

"My only concern will be the weather," said Eoghan. "Somebody has tried this before, but they didn't succeed. We'll go either at the end of June or early July, depending on the weather."

Eoghan will be kitesurfing behind a Ballycotton Sea Adventures boat, which will ease his path by breaking the waves for him.



Eoghan Quinn is kitesurfing from France to Ireland to raise funds for Diabetes Ireland.

The crew of six will include medical support.

"I'll have a waterproof insulin pump and full support from the crew on the boat," he said. "We'll manage the risk and we won't put anyone in danger. We

just want to show people that anything is possible if you put your mind to it."

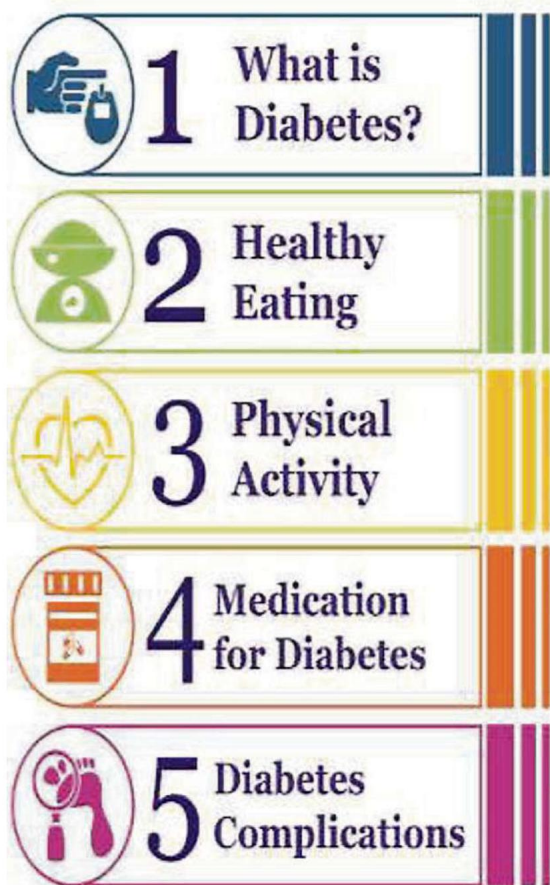
Eoghan has experience managing projects and assessing risks. He manages the global wind energy business of Worley, one of the world's leading renewable energy companies.

He has also previously cycled 6,000km on a 42-day trek from Galway to Gaza, again raising funds and awareness for diabetes and neonatal care.

While living and working in Australia, he cycled from Melbourne to Sydney in support of Aboriginal healthcare and diabetes.

Eoghan will post updates on his kitesurfing fundraiser on Instagram and Twitter ([eoghanquinn1](https://twitter.com/eoghanquinn1)). To support Diabetes Ireland, email info@diabetes.ie or visit www.diabetes.ie.

Diabetes Smart



Follow the Diabetes Smart advice on the Diabetes Ireland website.

www.diabeteseducation.ie

Diabetes Smart: Guide to understanding diabetes

Diabetes Smart is a service which is available on the Diabetes Ireland website. It is a five-step user-friendly guide to understanding all the key questions people ask themselves about diabetes

The Diabetes Smart guide, which you will find online at www.diabeteseducation.ie, is an invaluable interactive package to help you fully understand diabetes.

Diabetes Smart is a high quality series of videos, quizzes and visual tools for people who want to learn more about healthy eating as well as exercise. Diabetes Ireland developed the unique resource with Trinity College Dublin.

"Many people really want to learn at their own pace. Diabetes Smart allows people to dip in and out at their own pace thereby accumulating knowledge in bite-sizes, which will make the period of changing to a healthier lifestyle easier," said Dr Anna Clarke, health promotion and research manager, Diabetes Ireland.



Dr Anna Clarke
Health promotion and
research manager
DIABETES IRELAND

The online guide breaks the information down into **five user-friendly units**:

1. What is Diabetes?
2. Healthy eating.
3. Physical activity.
4. Medication for Diabetes.
5. Diabetes complications

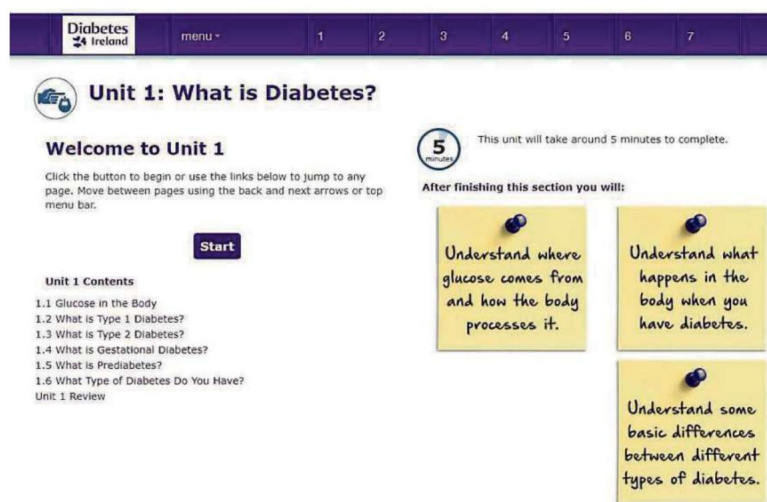
These information units are then followed by a short and very useful review to ensure that the readers has retained all the key points.

The guide's user-friendly features include the option of tabs that stay open to allow you double back and check, a timer to let you know how long you have spent on each unit and handy 'post-its' to simplify and summarise the content before and after you read it.

The one-minute videos are packed full of invaluable information, which you'll capture at your ease.

The service is very well designed, so much so that you'll very quickly gain a comprehensive understanding that will stay with you long after you've logged off.

www.diabeteseducation.ie



SUMMER 2019

UNDERSTANDING DIABETES



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Diabetes: How to differentiate between Type 1 and Type 2



While Type 1 tends to be diagnosed more frequently in children and Type 2 in adults, this is not a watertight way to view diabetes, as our Q&A (opposite) with Cara Dillon illustrates. Below are more comprehensive outlines of the main characteristics of the two types of diabetes.



Type 1

This form of diabetes tends to occur in childhood or early adult life, and it always requires treatment with insulin injections.

It is caused by the body's own immune system destroying the insulin-making cells (beta-cells) of the pancreas.

RISK FACTORS:

Having another auto-immune condition such as rheumatoid arthritis (RA), inflammatory bowel disease (IBD) and psoriasis. Having a parent or sibling with Type 1 diabetes combined with other factors.

SYMPTOMS:

Fast onset of extremely high blood glucose levels which cause weight loss, hunger, fatigue, thirst and frequent urination.

NATURE OF ILLNESS:

Autoimmune condition, your cells kill off your insulin-producing (beta) cells. Body no longer makes insulin.

ONSET:

Quick onset: Generally within a few days, weeks or months.

TREATMENT:

Intense daily self-management of insulin to balance food intake or exercise. Must take multiple injections of insulin or infusion through insulin pump.

Age when you get it: Typically early childhood or teenage years, but can occur at any age.

Numbers with Type 1 diabetes: 14,000 – of which 3,000 are under 18 years.

Is it preventable? No.

Is it reversible? No.

General complications — applicable to both Type 1 and Type 2

Short-term complications can give rise to acute emergencies such as hypoglycemia and ketoacidosis.

Long-term exposure to low blood glucose levels can cause hypoglycemic unawareness.

Long-term exposure to high blood glucose levels can cause blood vessel damage. Blood vessel damage can cause blindness, retinopathy, heart disease, kidney disease, amputation, gastroparesis and may result in early mortality.



Type 1 diabetes tends to occur in childhood or early adult life, and it always requires treatment with insulin injections.

Type 2

This usually develops slowly in adulthood. It is progressive and can sometimes be treated with diet and exercise, but more often Type 2 diabetes may require antidiabetic medicine and/or insulin injections.

RISK FACTORS:

Poor diet. Being overweight. Being sedentary. Genetics. Being over the age of 45. Belonging to high-risk ethnic group. If you had gestational diabetes or a baby weighing over nine pounds. Certain medications.

SYMPTOMS:

High blood sugar, thirst, waking in the middle of the night to urinate, fatigue, high blood pressure, urinary tract infection, neuropathy. But may also have no symptoms or just mild thirst or repeated infections.

NATURE OF ILLNESS:

Insulin-inefficiency. Body makes insulin,

but it isn't used properly by the body, or is not enough to meet body demand.

ONSET:

Slow: May be several years after blood glucose levels begin to rise. On average, 12 years pass between onset and diagnosis of Type 2 diabetes.

TREATMENT:

Daily self-management of food intake, exercise and medication. Over time roughly 40% may need to use insulin injections.

Age when you get it: Typically adults, but can occur at any age.

Numbers with Type 2 diabetes:

Approximately 190,000 people.

Is it preventable? Yes, up to 58% of cases are preventable with healthy diet and weight control.

Is it reversible? Possibly, but this would certainly involve major weight loss (around 12-15kgs). It is worth noting that Type 2 diabetes is more easily managed.

Complications: Type 2

Many people at diagnosis of diabetes may have already had up to 12 years exposure to long-term high blood glucose levels and have complications at diagnosis — i.e. damage to large and small blood vessels throughout the body, causing blindness, retinopathy, heart disease, kidney disease, amputation, gastroparesis, and maybe early mortality.

Cara adds her voice to understanding illness

Singer Cara Dillon was diagnosed with Type 1 diabetes in 2007. Here she answers questions on how this has impacted upon her daily life

Q & A

Cara Dillon

How did you react to your initial diabetes diagnosis, and were you surprised that you had Type 1 rather than Type 2?

My twin babies were barely a year old when I became quite unwell. Initially my GP thought I had Type 2 and started me on a course of pills and gave me a blood glucose testing kit without the word diabetes even being mentioned in the surgery, and I thought I had cancer.

For an entire week the ketone alarm on the meter was going off and I had no clue what was going on.

Shortly after I was rushed to A&E, they got me started on insulin and got me levelled out and confirmed I had Type 1. Like a lot of people I was ignorant about diabetes in general and couldn't differentiate between Type 1 and 2 if you paid me.

When I got straight, changed GP and knew what I was dealing with, and how it was going to affect my life, I was completely overwhelmed and went into shock for days.

I just felt like I was never going to be able to have a proper life again and care for my twin babies. Then one day I woke up and thought: 'I'm not going to let this stupid illness stop me from caring for these two little boys!' and I started to read and learn about how to cope and manage diabetes.

Do you think differently now about diabetes than you did when you were first diagnosed?

Education is everything! After my diagnosis, I learned what had happened to my body and what I needed to do to survive and live a healthy life. I had a thirst for information on how to manage it as I was a new mother of twins and wanted to be strong, fit and well for them. I'm not terrified of diabetes anymore like I was for a few years. There is so much help and information and support available if you want it and I've met so many inspirational people with Type 1 who are living perfectly normal lives and it doesn't stop them doing anything.

Do you find people are generally aware of the difference between Type 1 and Type 2 diabetes?

No. Most frustratingly is the lack of awareness from some people who already have Type 2.

I find it exhausting having to explain the difference between Type 1 and 2 diabetes. Countless people have asked me how long it has taken to lose all the weight. I get asked if I ate too much sugar as a child, or if I found it hard giving up sweets etc.

Generally I feel we need to educate the public about the differences and I think it might be helpful to rename one of them to help make it clear that one is a condition that you can almost reverse entirely with diet and exercise and the other is a chronic illness that can't be cured and requires constant medication just to stay alive.

In what way does your condition impact upon your live performances on stage, or recording in studio or TV?

My big problem is adrenaline. I used to appreciate the buzz you get just before going on stage, in fact I still do, but for me it's now an extra ball to juggle as it sends my blood sugars soaring high during a concert and with that I feel like I'm not performing as well as I'd like to. I feel sleepy and lethargic and it can be a struggle at times to sing the way I want to. There really is little I can do about this other than carefully thinking about the foods I eat before performances, keeping carbs to a minimum to avoid any extra spikes in blood glucose levels. I also usually have a rebound hypo in the night following a concert.

Does being a musician make it easier or harder to cope with diabetes?

This is a tricky one, managing highs and lows on tour is very, very challenging especially when travelling abroad and I'm out of my usual routine. When I'm staring at a picture of some food on a menu in a restaurant in Chengdu, China, I'll be crossing my fingers that whatever comes out of the



Derry-born singer Cara Dillon says she remembers being surprised when she was first diagnosed with Type 1 diabetes in 2007, but she does not let it impede her life too much — neither her busy schedule as a touring folk musician, nor her family life in England with husband and fellow musician Sam Lakeman and their three children.

Picture: Matt Austin

“Like a lot of people, I couldn't differentiate between Type 1 and Type 2 if you paid me

can be very hit and miss. However, there is not a day that goes by that I'm not grateful for my music and the places I go and the people I meet and work with. It's what I'm passionate about.

Every Type 1 diabetic faces daily challenges so I'm grateful I face mine doing something that I truly love.

Do you see any value in connecting with other people who are managing diabetes?

Absolutely. Sometimes I'm the one giving advice and reassurance and sometimes when I'm down I'm so grateful to hear others tell me

about their bad days and I realise I'm not alone in all this. It can get a bit overwhelming at times, constant monitoring, calculating carbs, and injecting multiple times a day and so hearing other peoples experiences can be inspiring. I seem to always meet people on holiday who are Type 1 diabetics. I'm programmed now to spot insulin pens, sensors and pumps and it's a great thing to swap stories and learn from others.

■ Cara Dillon will be touring her latest album — *Wanderer* — throughout 2019. A more introspective album, *Wanderer* gained widespread critical acclaim

upon its release in late 2017 and led to Cara being nominated for “Folk Singer Of The Year” at the BBC Radio Folk Awards in 2018.

■ For more information on Cara and ticket links, visit her official website:

www.caradillon.co.uk/gigs



Teenagers and young adults are increasingly being diagnosed with Type 2 diabetes

If you are at risk in terms of genetic predisposition or lifestyle factors, adopting a healthy lifestyle will at least delay onset, advises Professor Seamus Sreenan

Three or four decades ago, Type 2 diabetes was generally only seen in people nearing retirement. But nowadays it's increasingly being diagnosed in teenagers, and those in their twenties and thirties.

There are two principal reasons why someone may be diagnosed with Type 2 diabetes, says Professor Seamus Sreenan, who is consultant endocrinologist at Connolly Hospital, Dublin, as well as director of the Graduate Entry Medical Programme at Royal College of Surgeons in Ireland (RCSI).

About 30% of people with Type 2 diabetes will have a parent or sibling with the condition, he says — and if both your parents have it, your chances of developing the condition rise to 70%.

The second reason is environmental factors, which can significantly contribute to the development of the condition.

"What we're talking about here is about gaining weight along with making unhealthy food choices, and lack of exercise," Professor Sreenan explains.

Science has shown that when people gain weight, their body becomes resistant to insulin.

With Type 1 diabetes, the patients develop the condition as a result of an absence of insulin. But with Type 2 diabetes, although there is an adequate amount of insulin in a person's system, the body does not respond to it. So, because the body does not respond, the blood sugars rise and eventually cause diabetes.

"As people age and gain weight the body becomes more resistant to insulin so that is why we see an increase of Type 2 diabetes with age and with increased body mass index," Professor Sreenan explains.

If you have an unhealthy lifestyle early in life, and become obese early in life then your risk of developing Type 2 diabetes is also increased.



Prof Seamus Sreenan,
consultant endocrinologist
CONNOLLY HOSPITAL

Interview: Áilín Quinlan

"Over the last 30 years we have seen Type 2 diabetes being diagnosed earlier in life — it used to be people in their sixties, but now it is increasingly being diagnosed in people in their 30s, 20s and in their teenage years," he warns.

"We advise everyone to have a healthy lifestyle and to exercise regularly — or at least 150 minutes a week of fairly intense exercise. We advise people to make healthy food choices. This means keeping high calorie foods like takeaways to a minimum and having a good balance of fresh fruit and vegetables."

All of this is particularly relevant for anyone who is at risk of diabetes — for example, if you have a family member with it you are at increased risk — he warns.

"Studies have looked at prevention, and have targeted people at risk of developing the condition.

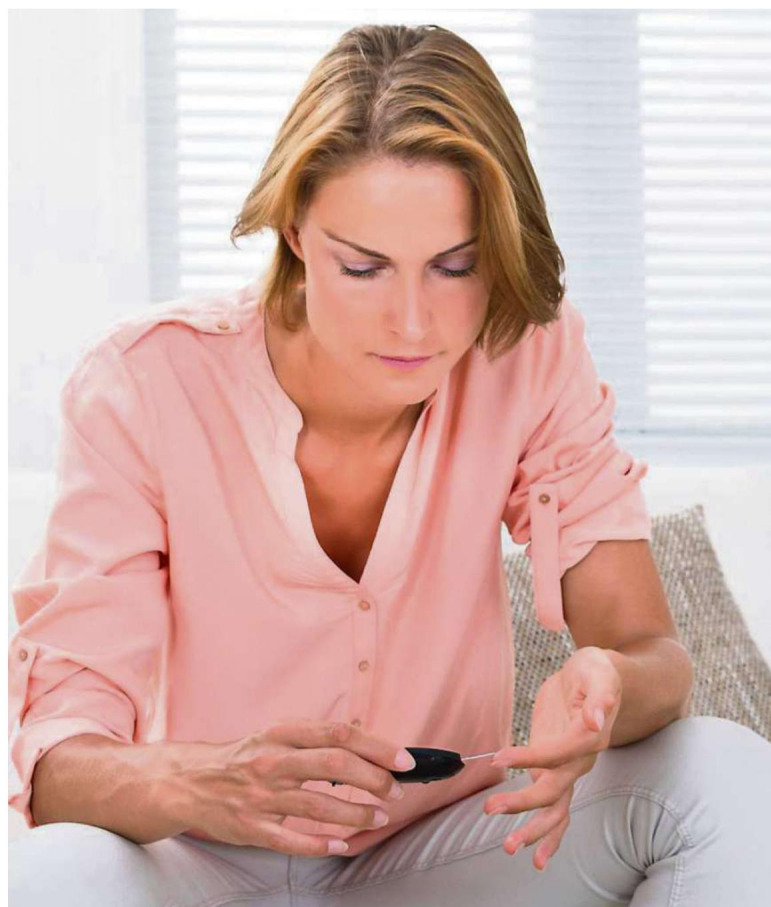
"These studies have encouraged a healthy lifestyle as a means of preventing the condition, and this method has been proven to be a very effective way of delaying the condition," he says, adding that research studies conducted in Europe, the USA and Asia have all reached the same result.

"If you are at risk in terms of genetic predisposition or lifestyle factors, adopting a healthy lifestyle will delay onset at least," Professor Sreenan said.

SO WHO IS AT RISK?

People at increased risk of Type 2 diabetes include

- People with a parent or sibling who already has the condition.
- If you're aged 45 and above, you should consider being screened to find out if



In the past, Type 2 diabetes was predominantly diagnosed among people nearing retirement. In more recent times, it's increasingly being diagnosed in teenagers, and those in their twenties and thirties.

you have the condition, says Professor Sreenan.

■ People who are overweight or obese.

■ People who have pre-diabetes, which means their blood sugar is raised but not high enough to be in the range of diabetes.

■ Women with a history of diabetes in pregnancy.

■ People who have conditions associated with Type 2 diabetes like high cholesterol or high blood pressure — these people need to consider being checked regularly for diabetes.

“We advise everyone to have a healthy lifestyle and ideally to exercise for at least 150 minutes a week of fairly intense exercise

delay or prevent these conditions from developing,” says Professor Sreenan, who again emphasises the importance of a healthy lifestyle, a good diet and regular exercise, as well as availing, on your doctor's advice of a variety of oral or injectable treatments to control your blood glucose levels.

"It is also very important to ensure blood pressure and cholesterol are well controlled," he adds.

One challenge which a lot of people experience is that the diagnosis itself can be a real source of stress or anxiety, one which can take a psychological toll on the individual as well.

Unfortunately, he adds, psychological services for people with diabetes are "very poor in this country and very few people living with diabetes have access to a context in which such care should be delivered".

However, there is a model of integrated care for the condition which has been approved nationally. Under this system, patients with well-controlled Type 2 diabetes, or anyone on two or fewer medications should be managed in the community.

Other patients, for example those on several different medications, should be seen in the setting of the hospital and by their GP, he advises.

**UNDERSTAND TYPE 2 DIABETES
ARE YOU AT RISK?**

**Diabetes can affect anyone.
If left untreated, it is deadly.**

Seven million people are diagnosed with type 2 diabetes each year.
If you think you're at risk, get tested.

Heart attack, stroke risks

Never underestimate what Type 2 diabetes can do — if it is not well managed, this condition can result in a number of potential impacts ranging from eye-damage to loss of vision, to advanced kidney disease, and in some cases the possibility of lower limb amputation.

People with diabetes are also at increased risk of heart attack and stroke.

"However the good news is that if you manage the condition well, you can

Enjoying a full, active life with Type 2 diabetes

Hairdresser Kevin Staunton recalls his relief when his doctor diagnosed him. He had been fearing something worse.

Interview: Áilín Quinlan

When hairdresser Kevin Staunton began to feel tired, lethargic and constantly thirsty, he knew something was wrong.

However, although the UK native, who has lived in the historic north Cork town of Kilmallock since 1989, began to feel unwell in December 2014, he postponed seeing his doctor until the following Spring.

"I had started feeling very tired and lethargic. I was constantly thirsty and was drinking a lot of fizzy drinks because I was constantly thirsty. I was also drinking a lot more water than I had been drinking previously," says Kevin, a father of three adult children.

"I didn't feel well and my wife insisted that I see the doctor," he says, recalling that at the time he was 17 stone, and "about four or five stone overweight."

"The worst thing about it was I knew there was something wrong and I didn't know what it was. I was petrified and I kind of put the doctor on the back burner," he recalls.

As Kevin recalls, his diet at the time was "crazy".

"I was eating very badly. I never had breakfast at home. Instead I'd go and grab a sausage roll or a pie or a breakfast roll and eat it at some point in the morning."

He regularly drank several cups of tea and coffee a day — always with three teaspoons of sugar in the cup — and he also ate a lot of biscuits.

"I'd buy them for the clients and then have some myself. Looking back now, I can see my diet was crazy. When it came to having lunch I simply ate when I had a gap," he recalls. So although he ate a healthy lunch, he had no regular lunch-break.

However it was the daily dietary 'add-ons' — chocolate, crisps and biscuits — which were skewing his diet, he believes.

Eventually he gave in and went to the doctor in the spring of 2015. After Kevin had described his symptoms, the GP took blood tests. The results showed

the popular hairdresser had Type 2 diabetes.

In a way it was a relief, he recalls now: "I was afraid that it might have been something much worse — I felt I could handle this."

The doctor explained that Kevin's blood glucose levels were very high — His HbA1c was 88 — normal was about 50. "I was put on medication. I also decided to just go cold turkey on my diet," Kevin recalls.

And he really did. Kevin completely eliminated sugar from his diet, cutting out the regular heaping teaspoons of sugar, the chocolate, biscuits and crisps.

"I took out all the rubbish and restructured my diet," recalls Kevin, now 59.

He adds that these days he eats fruit "all day long" instead of a series of unhealthy snacks.

Next, Kevin swapped his regular pie, breakfast roll or sausage roll for a regular at-home breakfast of scrambled eggs or porridge every morning.

He made a point of always taking his lunch break at around 1pm instead of just waiting for a gap in the usual flow of clients.

However, the good news was that Kevin didn't have to change what he had been eating for lunch or dinner, as these were always healthy meals.

"For me it was about having a good breakfast and a regular lunch time, and cutting out the sweets and biscuits," he explains, adding that he also reduced the amount of carbohydrates he eats and is careful that he eats 'good' carbohydrate.

"Where I would previously have had three potatoes with my dinner, I now eat one. I would now have two slices of brown bread instead of four slices of white bread," he says, adding that these days he's very conscious about what he eats.

It worked:

"The weight fell off me! I went from just under 17 stone to 11 stone over four months," he recalls, adding that on his doctor's advice he then gradually increased his weight again, to about 12 and a half stone, because his



Kevin Staunton, owner of Castle Hairdressing, Killmallock, Co Limerick, who has adjusted his diet and lifestyle choices considerably since he was diagnosed with Type 2 diabetes.

Pictures: Brendan Gleeson



Kevin Staunton's medication for his Type 2 diabetes.

doctor felt this was a healthy weight for him.

"I now sometime look at one of the suits I used to wear and honest to God it's like a tent!"

Kevin's high blood glucose levels fell as well.

"My HbA1c went from 88 to 46," he recalls, adding

that, however, the path to these fundamental lifestyle changes wasn't smooth all the way: "For about four weeks after I changed my diet I felt really awful." Kevin recalls. "I had dizzy spells and headaches, and I felt rotten."

When he spoke to the

“For me it was about having a good breakfast and a regular lunch time, and cutting out the sweets and biscuits

medical personnel who were dealing with his case, he was told that he was experiencing the effects of "detoxing from years of sugar addiction."

In the summer of 2015 he also started to exercise regularly. He still walks every evening for up to two hours:

"The walking helps reduce my sugar/glucose readings," he recalls, noting that although he is still on medication, he had good news last January during his then regular six-monthly visit to the diabetes clinic in Limerick.

He was told that although he still has his blood checked every six months by his GP, there was no need to come back to the diabetes clinic for a year.

"I was very lucky because I think my willpower won it for me. I was lucky that I was able to manage it," said Kevin.

"I have completely changed my lifestyle," he says now, adding that although he still enjoys the occasional drink, he's very careful about his sugar intake," he said.

"I never realised what sugar could do. Now, when I see schoolchildren going to school and buying sweets and coke for their lunch my heart sinks."

Healthy plans ensure happy holidays

When on holidays, don't drink alcohol on an empty stomach and always check the alcohol content of unfamiliar drinks.

Áilín Quinlan

Travelling can be great fun — but if you have diabetes and will be travelling abroad, you'll need to plan ahead carefully in terms of managing your condition while you're away.

Having diabetes is no barrier to travelling, says Clair Naughton, a diabetes nurse with Diabetes Ireland, but, she emphasises, advance planning is required to reduce the risk of any potential problems and to ensure your travel experiences are as enjoyable as possible.

Most people with Type 1 diabetes are aware of the need for planning, she says, as their condition generally requires thought and planning on a daily basis. However, a person newly diagnosed with Type 2 who is planning to travel abroad, or someone with Type 2 diabetes who has not previously gone abroad with the condition, needs to seek advice about it.

Issues to consider

Schedule an appointment with your Diabetes Nurse when preparing for a foreign trip, for a review of your diabetes. It's important that your diabetes is on the right track prior to departure as when travelling there are many factors that will cause fluctuations in your blood glucose such as the change in routine, a different climate or crossing time zones.

With your Diabetes Nurse, revise sick day guidelines, and discuss how to manage your insulin when travelling long-haul flights and where there is a time difference.

Ensure you have adequate Travel/Health Insurance that will cover any diabetes-related problems while abroad.

Read all the small print in the policy so you know



Clair Naughton, a nurse with Diabetes Ireland, says people with diabetes need to put a lot of planning into their holidays.

what is covered and what is not.

Ordinary holiday insurance or backpacker's insurance booked through your travel agent may not cover your diabetes as it is a pre-existing condition.

Check with the travel agent about the extra premium required ensuring coverage for a diabetes-related problem. For advice on where to go to find a relevant and comprehensive travel insurance scheme, check with Diabetes Ireland.

If you are an EU citizen and need medical assistance while in another EU country, you need to bring a European Health Insurance Card (EHIC). The EHIC entitles you to healthcare in the public system in other EU countries while on a temporary stay there.

For more details, see: www.hse.ie/eng/services/list/1/schemes/EHIC/

The airport experience

You will need to bring a letter for customs on medical stationary stating that you have diabetes and you use insulin injections/wear an insulin pump/glucose sensor and are carrying needles and equipment to measure your blood glucose

and all of it needs to be carried in your hand luggage.

If you wear an insulin pump check with the manufacturer prior to departure as to whether it's safe for you to go through the airport security body scanner. An alternative to the body scanner in the airport is a body 'pat down' and swab of your insulin pump. Bring medication and insulin in its original packaging with a copy of your prescription.

Packing for holidays

Before packing, make a list of the supplies you will need and allow for every eventuality, Clair advises.

"Bring a written prescription of the medication you are taking in case you need to get extra supplies or need to visit a doctor when abroad," she says, adding it's best to bring twice or three times the amount of diabetes supplies you think you would need for the same timeframe to allow for any delays or breakages etc.

More frequent blood glucose checks will be necessary, so pack plenty glucose testing strips and a spare glucose meter. Split your supplies into two bags and if you have a travelling companion give them one bag in the event of lost luggage.

"If you are on insulin, bring extra healthy carbohydrate snacks in your hand luggage in case the airline meal doesn't have enough carbohydrate, your flight gets delayed or you arrive at your destination in the early hours you are starving and everywhere is closed," she warns.

Sharps disposal

If you're using injections to manage your diabetes, invest in a needle clipping storage device. (€6 from Diabetes Ireland online shop www.diabetes.ie/shop/). You can clip the needle off the top of your insulin pen. The device stores 1,500 clipped

needles when full and can be sealed securely.

Medical ID

Consider wearing a medical alert bracelet or carrying a ID card in your wallet stating you have diabetes or look into medical alert apps for your smart phone.

Eating Out and Alcohol

When choosing from the menu keep in mind the basic principles of healthy eating. When planning ahead you may need to check what basic forms of carbohydrate will be available in the country that you are visiting.

It should be possible to select familiar foods such as rice, pasta, bread and fruit. Carry a pocket dictionary or look up Google translate to learn the words for a few basic foods on the menu.

If you are on insulin and are therefore at risk of your blood glucose level going too low be sure to carry some quick acting carbohydrate such as a sweet drink and some snacks in case of any delays prior to your meal being served.

If you're drinking more alcohol than you normally, would consider the effect that this will have on your blood glucose level. Alcohol can potentially cause your blood glucose level to go too low. If you use insulin to manage your diabetes speak to your diabetes team about what you need to consider when socialising and drinking alcohol. Don't drink alcohol on an empty stomach and always check the alcohol content of unfamiliar drinks. You may need to eat an extra carbohydrate snack before going to bed to avoid your blood glucose level going too low. Ensure to drink plenty of water to keep hydrated especially when in a hot climate.

FOOD SWOP LIST

Instead of...	Go for...
Breaded or crumbed chicken	Skinless chicken
Fatty meats	Meat with low fat
Battered fish	Plain fish with low fat
White bread	Wholegrain bread
Cream crackers	Oat cakes, low fat
Sugary cereals	Porridge, low fat
Full fat milk	Low fat, or skimmed
Yoghurt	Plain, natural, low fat
Butter	Oil-based spread
Mayonnaise	Low fat or oil-free
	chutney
Salads made with mayonnaise	Plain salads with low fat dressing
Crisps	Popcorn, rice cakes
Sugary drinks	Sugar free soft drinks
	diet, free of artificial sweeteners
Sugar, honey, syrup, treacle	Sweetener such as stevia, splenda, stevia

Food and drink choices to promote good health

The good news for those with Type 2 diabetes is that their nutritional needs are the same as everyone else — no special foods or complicated diets are needed.

However, once diagnosed, you will find that you need to focus far more carefully on your diet, and make sure you eat well by eating regularly, watching your serving sizes and following a healthy eating plan that is low in processed foods and in refined sugars and fat.

This basically means choosing lower fat options when eating meat, poultry, dairy products and spreads, enjoying a good variety of fresh fruit and vegetables, getting the majority of your energy from unrefined and whole grain starches such as potatoes and wholegrain bread and cereals — and restricting your intake of high sugar and high fat foods to treats only.

Food Pyramid: Healthy food guidelines

A good place to start, if you want to learn both about what foods you should eat, and the recommended portion sizes for your age, gender and exercise levels, advises dietitian Pauline Dunne, are the National



Pauline Dunne senior dietitian

DIABETES IRELAND

Interview: Áilín Quinlan

Healthy Eating Guidelines and the Food Pyramid.

Visit: www.hse.ie/eng/about/who/healthwellbeing/our-priority-programmes/health/healthy-eating-guidelines

"There's no specific diet for people with Type 2 diabetes," explains Pauline, senior dietitian and regional development officer with Diabetes Ireland.

However, she emphasises, it is recommended that people with the condition focus on consuming less processed foods and eat between five and seven fruits, salads and vegetables daily.

People should also eat far less of the 'top shelf' foods in the food pyramid such as biscuits, cakes and sweets.

ST: Healthy options

Chicken or turkey
 Little visible fat
 Without coating, tinned fish
 In breads
 Rye crackers
 Rye or oat and wholegrain based cereals
 Skimmed milk
 Fat, diet or 0%
 Spread or reduced fat spread
 Extra light mayonnaise or relish or

or those dressed with vinaigrette
 Ice cakes, baked crisps
 Squash, water, fizzy drinks labelled
 Zero

such as canderel, hermesetas,
 uvia

Choices health

“You should not have them every day and when you do, only in tiny amounts,” Pauline says.

But all the same, many of us eat these foods regularly, despite knowing they're bad for us — the Healthy Ireland Survey 2016 shows that most people consume snacks high in fat, sugar and salt and sugar-sweetened drinks up to six times a day.

However, a quick check of the top shelf of the Food Pyramid shows there are no recommended servings for the foods and drinks in this category. That's because these foods are simply not required for good health.

In contrast, the much larger bottom shelf of the pyramid (fruits and veg), recommends that you base your meals around these,

enjoying a variety of colours and in the knowledge that ‘more is better!’

Nonetheless, it really is recommended you limit your intake of fruit juice to unsweetened — once a day.

While there's no specific diet or special food for people with Type 2 diabetes, the results of the Healthy Ireland Survey show that many with the condition

must implement significant changes in the way they eat.

“The way many of us eat now tends to be much more around convenient foods,” Pauline says. “We're cooking less from scratch and using more processed food. The balance of our diets has changed, for example to less fibre, more refined carbohydrates and a low intake of vegetables, salad and fruit.”

Foods and drinks high in fat, sugar and salt

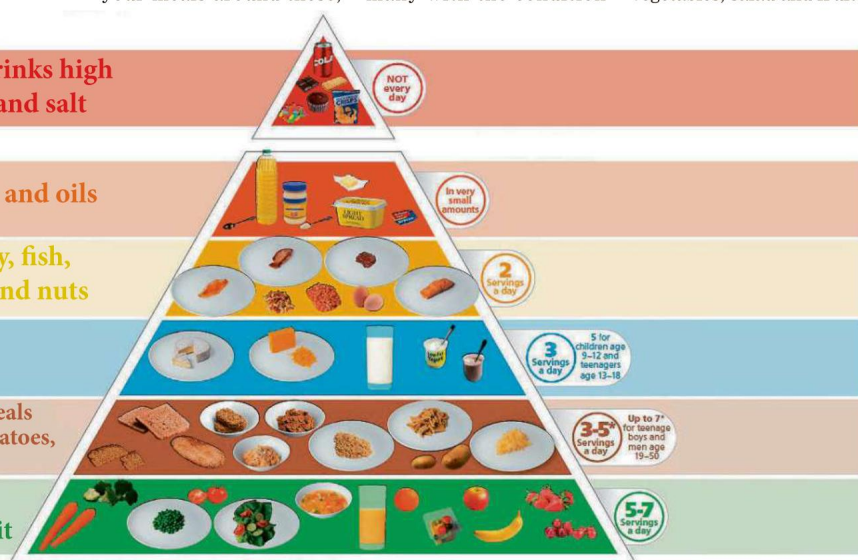
Fats, spreads and oils

Meat, poultry, fish, eggs, beans and nuts

Milk, yogurt and cheese

Wholemeal cereals and breads, potatoes, pasta and rice

Vegetables, salad and fruit



Essential guide to healthy shopping

Supermarket shopping can be an overwhelming task at the best of times, and if you have to think about, and accommodate diabetes into the normal weekly shop as well, things can seem very complicated.

But this doesn't need to be the case. To learn lots about how to make the most out of your visit to the supermarket, simply visit:

www.diabetes.ie/wp-content/uploads/2015/03/MSD_DFI_DiabetesShoppingGuide_Web21.pdf

Basic tips

Meantime here are a few basic tips for healthy shopping, and some advice about the basics you need to have in your kitchen cupboard:

(1) Before you shop, you need to write a list.

(2) Check what is already in your cupboard at home, and make a rough plan of ingredients you will need for meals for the week ahead.

Some people find apps for smartphones useful for planning their shopping — examples are ‘Mealboard’, ‘Pepperplate’ and ‘Food Planner App’. Planning ahead means you are more likely to fill up the trolley with foods you really need.

(3) During your shopping trip, stock up on basic store-cupboard foods such as:

- Wholegrain cereals
- Porridge oats
- Pasta/spaghetti/

- couscous/rice
- Pitta pockets (store in freezer)
- Eggs
- Tinned tomatoes
- Tomato puree
- Frozen vegetables
- Baked beans
- Tinned fish — mackerel, sardines, salmon, tuna
- Pulses: chickpeas, lentils, kidney beans or butter beans
- Tinned fruit in natural juice
- Sugar free jelly
- Stock cubes (look for reduced salt varieties)
- Low fat/fat free salad dressing
- Mixed herbs
- Artificial sweetener
- No added sugar squash/cordial
- Olive or rapeseed oil
- Seeds such as linseed, flaxseed, pumpkin, sesame or sunflower
- Nuts e.g. walnuts, almonds, cashew, peanuts — choose plain unsalted varieties

The Diabetes.ie website has a supermarket shopping guide and a guide to healthy eating. For more advice and further information visit:

www.diabetes.ie

For a choice of other good food pyramids, visit:

www.healthyireland.ie
www.hse.ie

Eat well across the day

The key to eating well across the day is to eat regularly, reduce our intake of processed foods, and — depending upon our activity levels — include small snacks where necessary.

The Food Pyramid (see graphic opposite) provides an excellent guide to portion sizes based on age and gender and activity level.

Pauline recommends beginning the day with a good breakfast which could be an oat-based or high-fibre cereal along with a piece of fruit and some dairy like milk or yogurt.

In mid-morning, if you feel like a snack, she says, opt for fresh fruit or natural yogurt or a small handful of unsalted nuts, she suggests.

“This is about moving away from biscuits,” she comments.

Lunch could be a home-made vegetable soup with some wholegrain bread, low fat cheese and an apple, or a sandwich-type lunch of pitta bread with tuna and sweet corn and some low fat mayonnaise followed by a piece of fruit.

According to the Diabetes Ireland website, diabetes.ie, choosing oat-based and wholegrain varieties of

starchy carbohydrates will help increase the fibre content of your diet. This in turn can help in maintaining a healthy gut. Whole-grain breads, cereals and wholemeal or seeded pitta pockets/ wraps/bagels as well as oatcakes, whole-grain crackers and ‘Kids’ size wraps are all recommended.

If, by mid-afternoon you feel like snacking, first consider whether you're really actually thirsty rather than hungry, Pauline suggests.

Are you drinking enough water? “We should drink between six and eight 200ml glasses of water a day,” she explains.

For dinner, she says, we need to return to the traditional small dinner-plate which should be filled as follows — “no more than one-third of the plate should be filled by carbohydrates such as potato, pasta or rice.

“Half the plate should be vegetables or salad and the rest should be a small piece of protein such as meat fish, eggs or beans,” Pauline recommends.

If you want to eat dessert, Pauline suggests that you opt for a natural yogurt of a yogurt that is labelled “diet” or “zero per cent”.

www.diabetes.ie/diet

Your medical guide to managing the condition

Over two-thirds of people with the long-term illness will not die from a 'sugar event, rather from a cardiac problem

The demographic of diabetes has really substantially changed from 20 years ago, when the predominant population presenting at either their GP or consultant clinic was a patient with Type 1 diabetes.

Fewer presented with Type 2 diabetes and those patients with DM2 (Type 2 diabetes) tended to be older (60+), already having significant established blood vessel disease, multiple risk factors inclusive of high blood pressure, high cholesterol and potentially silent heart disease.

Today, GPs are diagnosing far more patients with Type 2, and most often people in their twenties to forties, with a focus on avoiding heart events.

When we are treating patients with Type 2 diabetes, we are on one hand looking to prolong durability of efficiency of the pancreas in maintaining good glycaemic (sugar) control, and avoiding earlier initiation of insulin therapy but on the other hand we are concentrating efforts on addressing other risks that include blood pressure, and cholesterol management.

Diabetes medications now offer far better glucose control, allowing us to reach tighter targets safely without the burden of either weight gain, or more concerning hypoglycaemia (low blood glucose) which present both risks and great anxiety to our patients.

We also want to impact on disease burden

Over two-thirds of patients with diabetes will not die from 'a sugar event', but rather they will die from a cardiac event.

While we understand the need for good glycaemic (sugar/glucose) control, it is clear that the successful management of diabetes is a 'multifactorial' intervention — glucose control plus equally aggressively treating blood pressure and cholesterol to targets as defined in international guidelines.

Is it not just all about the sugar (glucose) though?

What is very impressive however is the robust and indisputable additional and synergistic impact of B (Blood pressure) and C (Cholesterol) control in cardiovascular risk.

The great Danish Steno trial (published initially in the 1980s) was very innovative as the investigators decided that they were going to treat their patients with diabetes with a three-



Dr Maeve Durkan
Consultant endocrinologist

BON SECOURS
HEALTH SYSTEM

pronged approach, and not just concentrate on the one prevailing issue at the time which was glucose control.

That three-pronged model focused equally on (A) tight A1c control (average glucose) targeting < 48 mmol/L (6.5%), (B) tight blood pressure control, targeting < 135/80, and (C) tight cholesterol control (C). The impact was substantial.

It has moved us all as a diabetology community away from a pure "glucose-centric" (sugar-centred) approach. It made us realise for the first time how imperative it was the approach management of diabetes from three perspectives i.e. the A, B and C — good A1c/glucose control, good blood pressure control and good cholesterol control.

Since the Steno trial, the approach now to managing diabetes is to focus on the cornerstone of this 'Trinity' of cardiovascular risk. That is really what has contributed to an improvement in cardiovascular deaths, cardiovascular events and cardiovascular mortality.

The older data published for patients with diabetes having had a cardiac event was dismaying, with less than 30% surviving at seven to eight years after their heart event. This compared to almost 80% survival in non-diabetic heart attack patients.

Therefore, it is imperative for us that we would try and focus our treatments on primary prevention, i.e. getting good control in all facets so a patient wouldn't have a heart attack in the first place, and thus far we are achieving substantial success and reductions in those events.

THE ABC OF DIABETES

Diabetes is really a 'Trinity'. This 'Trinity' is of cardiovascular risk which includes A1c (glucose), Bp (Blood pressure) and Cholesterol diabetes. I refer to my treatment plan of DM as the ABC of D (diabetes).



It is recommended that diabetes patients have their blood tests done at least every six months. This reinforces the importance of the control that the patient needs to achieve and maintain targets.

The A is HbA1c (which we refer to here as A1c), the three-month blood test which reflect the average of all your sugars over the preceding three months, thus reflecting underlying glycaemic control. The recommended HbA1c is set at 53 mmol/L (7%) but in younger patients, with a shorter duration of diabetes, we may try and treat to a target of 48mmol/L.

And so to the B, blood pressure, the new blood

pressure guidelines have also changed in light of emerging evidence for the consistent benefit of lower targets in achieving a benefit in both heart and kidney disease.

The sweet spot appears to be 130/80 in terms of the best outcomes from a cardiovascular risk, but also in terms of kidney disease and kidney risk, and finally a reduction in stroke risk.

The European Society of Hypertension now sets the blood pressure of 130/80 as its target, having previously been 140/90.

Good, bad and ugly

And as for C, cholesterol, I would break this into three subsets: the good, the bad and the ugly.

The good cholesterol is the HDL, H representing healthy cholesterol and the higher the better. Ideally, we'd like to have a HDL > 1.

The bad cholesterol (or as I call it the B list player) is the Tg / triglyceride value. It does have a contribution to cardiovascular risk but it is not as significant as the ugly cholesterol.

The ugly cholesterol is known as the LDL, referred to as the lethal cholesterol. Lower is definitely better.

Is there a risk if you go too low with LDL?

Is there a threshold number below which one may not go? The studies have consistently demonstrated that lower is always better. Emerging data suggests no harm even as low as 0.6. I would not determine this as a target. Go with the evidence which has shown ongoing benefit at far < 1.8. Current guidelines advocate a target < 2.5 minimally in all patients aged > 40 years of age with DM.

It is important to remember that diabetes reflects cardiovascular risk. The import and impact of treating diabetes extends beyond pure sugar control. Sugar control is important and is synergistic in effect with aggressively treating high blood pressure and high cholesterol.

I would recommend that my patients have their blood tests done at least every six months.

This reinforces that the patient must achieve as well as maintain targets. It is a positive reinforcement for you that you are doing the right thing and indeed if there is a change, that this can be acted upon in a timely manner.

■ A longer version Dr Durkan's article features on — www.diabetes.ie

Stay healthy, drink up to two litres of fluids a day

Health experts recommend intakes of around 1.5 to 2 litres of fluids every day in a temperate climate like Ireland — water and other drinks like squash, fruit juices, tea and coffee.

Water accounts for a large percentage of what makes up the human body, for example:

- Blood is 83% water
- Muscles are 75% water
- The brain is 74% water
- Bone is 22% water

Water is necessary for your body to digest and absorb vitamins as well as nutrients.

It also detoxifies the liver and kidneys, and carries away waste from the body.

When it comes to digestion, it just can't happen without water.

We lose about 700ml of water a day from our bodies, through the skin and when we breathe. We lose another 100ml in faeces, about 1.5 litres as urine and 200ml in normal perspiration. So, even living and breathing requires us to take in about two litres a day just to stay hydrated.

It's very important to remember that you will also lose considerably more water than normal if you are sick or have diarrhoea.

Diabetes – staying safely hydrated

Make a conscious effort to keep yourself hydrated and make water your beverage of choice.

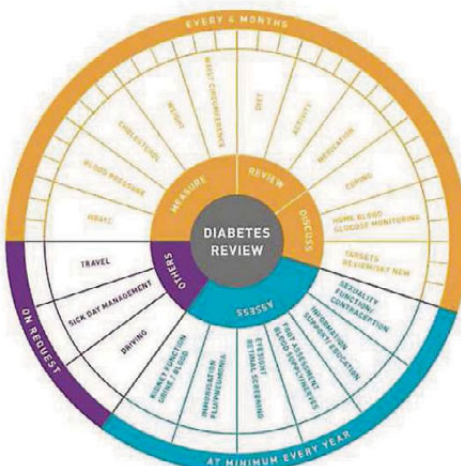
Nearly every healthy adult can consider doing the following:

- Drink a glass of water with each meal and one more between each meal.
- Take regular water breaks instead of coffee or tea breaks.
- Substitute sparkling water for alcoholic drinks at social gatherings.
- If you don't like the taste of plain water, try adding a slice of lemon or lime, or a small amount of a no-added sugar squash for flavour.

www.diabetes.ie

Your Diabetes Checklist

As well as managing your diabetes at home you should have check-ups to review your diabetes with your GP or with the diabetes team in the hospital. It is also important that everyone with diabetes has certain health checks regularly e.g. eye & foot checks. Look at the centre point of the wheel below. Moving out from the centre, we advise you to measure, review, assess and discuss various factors with your healthcare team and we suggest a time line for you to have these checks.



0% SUGAR 100% MIWADI



Exercise makes Type 2 diabetes easier to control

Dr Gráinne O'Donoghue outlines an exercise plan to help minimise health risks aligned to the condition

Exercise has so many benefits for people with Type 2 diabetes, the biggest one is that it makes it easier to control your blood glucose (sugar) level.

People who have Type 2 diabetes have too much glucose in their blood — either their body doesn't produce enough insulin to process it, or perhaps their body doesn't use insulin properly.

In either case, exercise reduces the glucose in your blood. The reason for this is that muscles which are working use more glucose than those that are resting and muscle movement leads to greater glucose uptake by muscle cells, in turn, lowering blood glucose levels.

Exercise also helps people with Type 2 diabetes avoid long-term complications, notably heart problems. People with diabetes can get blocked arteries (arteriosclerosis), which can lead to a heart attack. Exercise helps keep your heart healthy and strong.

What type of exercise is recommended?

Two types of exercise are recommended as being the most effective for managing Type 2 diabetes — namely aerobic exercise and strength training.

Aerobic exercise

Aerobic exercise helps your body use insulin better. It makes your heart strong,



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Professor of Physiotherapy
School of Public Health,
Physiotherapy and
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DUBLIN

improves blood circulation, relieves stress and reduces risk of cardiovascular disease by lowering blood pressure and improving cholesterol levels.

You should aim for 30 minutes of moderate-intensity aerobic exercise on five days per week (150 minutes per week). Moderate intensity means that you are exercising hard enough that you can talk but not sing. Good aerobic exercises include: brisk walking, jogging, swimming and cycling.

Strength training

Strength training, also called resistance training, makes you more sensitive to insulin and can lower blood glucose. It helps build strong muscles and bones and it reduces your risk of osteoporosis (weak bones).

You should aim to do 20-30 minutes of strength training two days a week (60 minutes per week). Examples of strength training include: weight machines or free weights at the gym, lifting light objects like canned goods at home or perhaps exercises using your own bodyweight (such as squats, lunges and planks).

GETTING STARTED

Before you make any major exercise change, talk to a healthcare professional (e.g. doctor, practice nurse). They will check your heart health, provide support and answer your questions. If required, they can refer you to a physiotherapist or exercise specialist to help you figure out the best exercise programme for you.

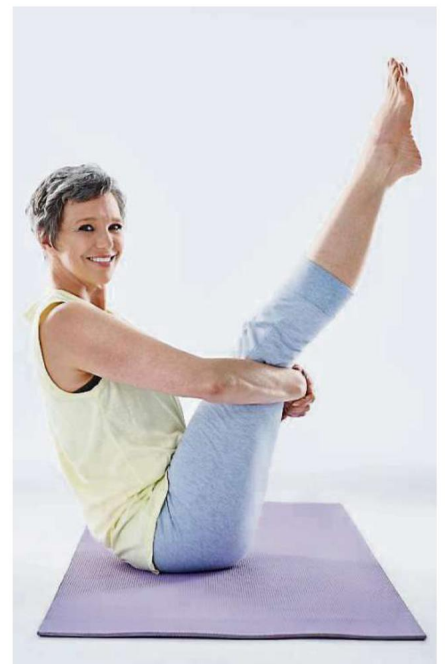
Start slowly

It cannot be emphasised enough how even very small increases in activity can benefit patients with Type 2 diabetes and heart problems. Build up gradually; give your body time to adapt as your muscles strengthen.

Set yourself goals

You're more likely to stick to your active lifestyle if you set goals.

Keep an exercise diary and tick off your achievements. You will be amazed at the improvements and progress you will see within a few weeks.



There are many factors involved in a successful fitness routine, starting with realistic goals, ensuring that you find the activity social and enjoyable — and committing to stick with your plan.

Variety is the spice of life

Once you start to feel fitter and confident with your exercise regime, consider shaking it up a bit and vary your routine. Try jogging instead of walking or a new gym class.

Make it sociable

Instead of meeting friends for a coffee or lunch, why not suggest something active you could do together instead. Join a walking club, attend a fitness class in your local gym.

Don't give up

Although your body will benefit almost immediately from exercising, it will take approximately four weeks to see and feel the positive effects so stick with it!

www.diabetes.ie/exercise

Diabetes Helpline

01 842 8118

Our vision is to support you to live a happy and long life

HEAD OFFICE & Dublin Care Centre
19 Northwood House,
Northwood Business
Campus, Santry,
Dublin 9,
D09 DH30
☎ 01 842 8118
✉ info@diabetes.ie

SOUTHERN OFFICE & Cork Care Centre
Enterprise House,
36 Mary St.,
Cork,
☎ 021 427 4229
✉ corkcarecentre@diabetes.ie
Office hours: Mon to Fri
9am-5pm

WESTERN OFFICE
1 Wine Street, Sligo Town.
☎ 071 914 6001
✉ wro@diabetes.ie
Office hours: Mon to Fri
9:30am-5pm

Diabetes Ireland

Energetic walking, a realistic route for

Walking has it all. It doesn't get the respect it deserves for its health benefits.

It's simple and natural and it doesn't require any instruction or skill.

You really can get all the benefits of moderate exercise with a very low risk of injury.

To get started, follow the four-week plan below.

Once you have completed this, you will be achieving the recommended amount of aerobic exercise per week to improve your health.

You will then be ready to start a more intense, varied exercise regime to challenge yourself a little bit more.

How about setting yourself a goal of walking 5km after eight weeks? This is a realistic goal if you follow the plan.

Walking Plan weeks 1-4

■ **Week 1:** Start with a daily 15-minute walk at an easy



Walking is a great way to lose weight. You can get all the benefits of moderate exercise with a very low risk of injury.

Pictures: iStock

pace. Walk five days the first week. Your goal here is to build a habit, so consistency is important.

Make sure to spread out your rest days.
Weekly total goal:
75 minutes

■ **Week 2:** Add five minutes a day so you are walking for 20 minutes, five days a week. Increase your pace to make sure you are walking at a moderate intensity for at least 25% of the time.

Weekly total goal:
75 to 100 minutes



Some people say it's hard to build exercise into their busy lives, but where there's a will there's a way.

people with Type 2 diabetes



■ **Week 3:** Add five minutes a day so that you are walking for 25 minutes, five days a week. Make sure that you are walking at a moderate intensity more than 50% of the time.

Weekly total goal:
100 to 125 minutes.

■ **Week 4:** Add five minutes a day to walk for 30 minutes, five days a week.

By now, you need to make sure that you are walking at a moderate intensity for over 75% of the time.

Weekly total goal:
125 to 150 minutes

Weeks 5-8

Once you are able to walk for 30 minutes at a time comfortably, you are ready to use a variety of different workouts to add intensity and endurance.

A weekly walking plan that incorporates high intensity intervals, speed walking and longer walks is the next step.

Include some uphill in your walk and introduce gentle jogging if you think you can.

By the end of week eight, 5km is a both realistic and entirely achievable goal — if you commit to following the programme.

Snags

If you find any week to be difficult, repeat that week rather than adding more time.

Do this until you are able to progress comfortably.

Talented hurler surprised to learn he has Type 1 diabetes

Áilín Quinlan

A talented hurler, and a member of the Co Waterford senior hurling panel, Seanie Barry noticed that lately he always seemed to feel thirsty and dehydrated.

This was in 2014, and the young man from Lismore Co Waterford recalls, that on top of that, he was urinating 20 or 30 times a day and waking up at all hours of the night to go to the loo. Something wasn't right — but all the same, he confesses, it took him around four months to get around to seeing the doctor. But when he did, in January 2015, the results were dramatic:

"The GP checked my blood sugar levels and told me that my glucose levels should have been between four and 10.

"When the results came back the reading was 48. This was critically high and I was referred straight to Cork University Hospital."

He didn't panic, he recalls now, because "I didn't know anything about diabetes".

At the hospital, Seanie was put on a drip and given treatment to bring down his blood glucose levels.

"I still didn't understand or realise what was going on," he recalls.

The young hurler was admitted to the hospital, where he stayed for about eight days and it was during this time that Seanie learned he had been officially diagnosed with Type 1 diabetes.

"There was no family history of the condition on either my mother or my father's side, and I couldn't get to grips with why I had got it," he recalls now.

"There seemed to be no explanation as to why I had it. I was feeling very down at the time," he says, adding that he remembers that one of the very first things he asked upon receiving the unwelcome diagnosis was whether he could continue to play hurling.

"I got a lot of information about diabetes in the hospital, and it was a lot to process," he recalls.

He also had to learn how to inject himself with insulin: "On my first day the doctor came in with insulin; they needed me to use it and explained how to inject it."

"I was a bit apprehensive about doing it and a nurse injected it for me the first time while I watched."

"After my next meal I had to do it myself, and after that I had the hang of it. I now inject myself after



Seanie Barry, a talented member of the Waterford senior hurling panel, who discovered he had Type 1 diabetes.

every meal plus one further injection daily."

To begin with, he recalls, he felt negative about having the condition, particularly because there seemed to be no explanation for why he had it.

"However after that I began to see there were positives — for example having diabetes makes me very aware of what I eat."

"It has focused me on eating healthily. I'm now very aware about what I take into my body," he says, adding that people sometimes ask him about what he should or should not eat.

"It's not about 'not eating' — it's about being aware of what you eat and ensuring that your insulin levels are balancing with the carbohydrate and sugar content of what you eat," he explains.

And he continued to hurl, though for a time he stepped back from the more high-profile matches. Although he had been a member of the Waterford senior hurling panel in 2013 and 2014, following his diagnosis in January 2015, he stepped down from the panel. However, he continued to play

hurling with his local club:

"I decided to take a step back from the panel until I got to grips with my condition," he recalls, adding however, that he jumped at the chance to re-join the panel earlier this year when an opportunity arose.

"The Waterford senior hurling manager phoned and offered me a place on the panel," recalls the 24-year-old who is finishing up his course in Pharmaceutical Manufacture at Dungarvan College.

These days, says Seanie, he's definitely more positive about having diabetes: "I'm still learning more about the condition, and its effects."

"Diabetes Type 1 is quite a complex condition but I feel I've come to grips with it. I don't let it affect anything I do now. I carry my insulin with me and it's part of my life now, so I go with it."

His advice to anyone who has diabetes.

"Don't let it affect anything you want to do in life. I think that once you have it under control you can live a similar life to anyone without the condition."

Essential steps to managing gestational diabetes

Diabetes is a condition caused by too much glucose (sugar) in the blood and can affect anyone, while gestational diabetes is a type of diabetes that is diagnosed during pregnancy.

Here's how it works: Normally, the amount of glucose in the blood is controlled by a hormone called insulin.

However, during pregnancy, some women have slightly higher than normal levels of glucose in their blood and their body is unable to produce enough insulin to transport it all into the cells. As a result, the level of glucose in the blood rises.

"Gestational diabetes is the occurrence of too much glucose in a woman's blood during pregnancy," explains Professor Fidelma Dunne, who is a consultant endocrinologist at Galway University Hospitals.

The condition occurs, she adds, in women who would not have had diabetes before becoming pregnant.

"The reason the problem arises in pregnancy is because the body requires a different amount of insulin when a woman is pregnant.

"If a woman's pancreas is unable to produce that extra insulin during pregnancy, then her blood glucose levels can increase to a point where she is diagnosed with Gestational Diabetes," says Professor Dunne.

How common is it?

Screening techniques for glucose problems during pregnancy have improved vastly in the last decade.

"The number of cases that we are identifying has risen because we are better at screening for it," remarks Professor Dunne, who says that annually, around 12 in every 100 pregnant women will have this condition in Ireland every year.

The most important part of the treatment of gestational diabetes is to control blood glucose levels. For many women, this means regular testing of blood glucose (sugar) levels, a carefully planned diet and regular exercise.

Some women will require insulin injections. The extra



Prof Fidelma Dunne
consultant endocrinologist
GALWAY UNIVERSITY
HOSPITALS

Interview: Áilín Quinlan

insulin will not cross the placenta and will not affect the baby.

What issues can put a woman at higher risk of being diagnosed with gestational diabetes during pregnancy?

People who are at risk are women who are overweight or obese, that is, she adds, women with a BMI of over 25.

"A BMI of 25-30 means that you are overweight, while a BMI of over 30 is obese," she explains. "Both overweight and obese ladies have a higher risk."

If a woman has had gestational diabetes previously she is also more likely to have it in subsequent pregnancies, Dr Dunne explains.

If anyone in her family has had type two diabetes, a woman is also more likely to develop gestational diabetes.

Ethnicity is a factor too, Professor Dunne explains:

"If you have an ethnicity that is not Caucasian, you have a much higher risk of developing diabetes than a white Caucasian lady."

This is often a silent condition, with no symptoms generally, she says, adding however that possible signs of the condition, which may be picked up during pregnancy is an indication that the baby is growing very large or that there appears to be a lot of fluid around the baby.

According to Diabetes Ireland, symptoms of gestational diabetes are tiredness and excessive urination. However, the or-



Screening techniques for sugar problems during pregnancy have improved vastly in the last decade.

ganisation warns, both of these symptoms are experienced by most pregnant ladies and therefore gestational diabetes may go unnoticed.

However the condition has implications for both mother and baby in pregnancy and into the future, says Professor Dunne.

A mother will have an increased risk of hypertension and an increased risk of pre-eclampsia a potentially serious condition which occurs during pregnancy, along with a condition called cholestasis of pregnancy, a liver dysfunction which causes severe itching on the woman's hands and the soles of her feet.

"When a woman is diagnosed with gestational diabetes, her obstetrician will be checking for these other conditions," she explains, adding that this is why women with gestational diabetes tend to be weighed and have their urine and blood pressure checked more frequently than other pregnant women who do not have gestational diabetes. They will also undergo extra blood tests and have an increased risk of being delivered by caesarean section.

A baby born to a woman with gestational diabetes is more likely to be large for its gestational age and this is due to an increase in fat in the abdomen or tummy.

“One key thing to address before you become pregnant is to get your weight at a normal level

There can be an increased risk of difficulty during the delivery of the baby, and there is also an increased risk of low blood sugar after delivery which can require the baby to be admitted to the neonatal unit.

This can happen if the mother's glucose levels are not controlled, she explains.

"Currently we are only seeing women whose BMI is over 30. Ideally, however, we should be screening all women who are pregnant to ensure we do not miss any cases. At the moment we are screening based on risk factors," she says adding that the prevalence of gestational diabetes has increased around the world — and one of the main factors is the increased obesity being experienced in popu-

lations around the world — including Ireland. A long-term impact of having the condition means the mother is at increased risk of developing Type 2 diabetes; in fact, a woman who has had gestational diabetes is seven times more likely to develop Type 2 diabetes than someone who hasn't had this condition in pregnancy.

"Babies of mothers who have had gestational diabetes are also at increased risk of diabetes and obesity in their adult life," she says, adding one of the best ways to reduce your risk of having the condition is to manage your weight:

"You cannot do anything about your genes so one of the important things to address before you become pregnant is to get your weight at a normal level," she says, adding that she advises women to ensure they have a good diet and exercise regularly.

"However," she says, "women who have gestational diabetes and breastfeed their baby — even for just three months — will reduce their risk of going on to develop Type 2 diabetes than if they bottle feed their baby, and breastfeeding is better for baby too."

Key points

■ If you are planning on becoming pregnant, then you should get your BMI (body mass index) to be between 18 and 25, says Professor Dunne

■ If you have had gestational diabetes in a previous pregnancy, have your glucose levels check-

ed to make sure that you have not developed Type 2 diabetes in the recent past.

■ When you attend for ante-natal care, tell your doctor or midwife that you have had gestational diabetes previously, so that they can schedule the appropriate testing for you.

Positive approaches towards mental wellbeing

I quite often use the analogy with my clients of having a new baby being similar to a diabetes diagnosis.

One day you're going through the world as normal then the next day someone hands you a new baby.

You are now responsible for something you have to think about when you wake in the morning, at every mealtime and in between, and last thing at night. Like having a baby you don't get a holiday. It's in your thoughts all the time.

Except the reality is you have been given responsibility for the function of an organ in your body, your pancreas.

The pancreas produces the hormone insulin and secretes it into the bloodstream where it regulates the body's blood glucose level, something everyone pre diagnosis tends to take for granted.

Type 1 diabetes happens when the immune system destroys the cells in the pancreas that produce the insulin and your body can no longer produce it.

This is referred to as autoimmune which means the body is attacking itself and there is nothing the person has done to cause this.

Type 2 diabetes is when your body becomes insulin resistant and can be caused by genetics and lifestyle. The reason I'm explaining this is due to the misconception of what diabetes is and what causes it.

As a result of the misconception people often don't get the understanding and in return the support they need.

As much as it is really important to learn to care for yourself, us humans need the love, care and support of others in order to function well in this very busy world of ours.

The baby analogy can be quite helpful to allow clients to recognise and accept their diagnosis.

Acceptance is vital

Acceptance plays a huge part in the management of diabetes and allows people to transition into a positive space and take a positive approach to their diabetes care.

Acceptance allows the person to take full responsibility. This may be challenging initially and some may rebel against it but acceptance empowers you to take back control.

Taking responsibility involves being conscious about your diabetes on a daily basis, being conscious about checking how you are, how your glucose levels are, managing your own insulin dosage and consciously



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minding yourself.

Even the most difficult situations can be made easier with acceptance and can become a part of our lives and who we are. If we struggle with or fight with them we are prolonging that transition piece.

The transition from non diabetic to diabetic is determined by how easy we can accept.

We all arrive into our adult lives with coping skills and strategies that we have unconsciously learned in our childhood.

A lot of us go through life unaware of these coping skills. They can often take over and become blind spots in our lives making decisions for us on a daily basis and causing reactions in us that we may be unaware of or do not understand.

They can cause emotional responses that we are not connected with and in a way a diabetes diagnosis or indeed a diagnosis of any kind can push us into a space of really having to look at how something big like that impacts on us. It pushes us to examine our coping skills and in turn get to know ourselves better.

It allows us to explore whether our coping skills are serving us, are they good for us, are they positive?

What do we do in order to manage the world? There are so many ways of coping, some of us shut down and go into denial, some of us act out, some of us intellectualise. In order to really know



Eckhart Tolle: "The primary cause of unhappiness is never the situation but your thoughts about it."

ourselves it is good to know what we have learned to do to manage the world and our difficult emotions.

To learn this one thing about ourselves can be one of life's true gifts.

Family, friends, exercise and balance in your life

One of the things we tend to do as humans is to focus on the negative in our lives and we can often dwell on that.

We tend to focus on what we don't want or what we don't have. A really good positive skill to develop is to focus on the positive.

Try and keep the focus on what we do have in our lives that is good and focus on what we want.

A good exercise every morning is to think about the positive things you would like to be present in your day ahead and every night to be grateful for the positive things that have happened in your day.

Try to keep the mind away from the lack or negative. When we are grateful we bring ourselves into the present moment and into a space of contentment and happiness.

Focusing on what you have that is positive and what you are grateful for can often be things we take for granted.

There is always something to be grateful for. This can be as simple as the food on our table, the roof over our heads, the warm beds we lie in, and the family and friends we have in our lives.

A crucial piece for all of us is to have balance in our lives and focus and balance is found in time spent with friends and family, good

“When it rains don't wish for sun, just find a good umbrella

— Unknown

sleep, healthy food and daily exercise.

Importance of sleep

Sleep is so essential. It is as important for the mind as it is for the body so where possible we need to get eight hours sleep a night.

Our mind and brain function so much better when we have a good nights sleep.

It is also important where possible to get to bed and get up at the same time each day so our circadian rhythm is in balance as this can affect hormone release, eating habits and basic digestion along with other important bodily functions.



Positive thinking: Acceptance plays a huge part in the management of diabetes and allows people to transition into a positive space and take a positive approach to their diabetes care.

■ For more information on counselling, see:

www.diabetes.ie/counselling

We need to be mindful of what we put into our bodies every day. Just like sleep, food and water feed the body and the mind. Simply put our bodies function optimally with healthy foods and not optimally with junk food so it is important that we are conscious of the food that we put into our bodies. How healthy are you and how healthy can you be?

Our bodies were made to move so exercise is really important both for our physical and mental bodies.

Our body needs to move in order for our blood to flow and our organs to function properly including our brain.

Don't underestimate the power of a daily half hour walk with a family or friend to nourish your mind, body and soul. Exercising with another person can create a space to chat and to talk about things that are on your mind.

Talking things through with someone you trust can be powerful. We often ruminate our thoughts creating discussions, arguments and playing out scenarios in our head.

This is natural but always subjective.

We are often too close to a situation to be able to be objective about it or our blind spot or learned coping skill

doesn't allow us to be objective so a good chat allows us the space to explore our issue with an objective ear.

It allows us another perspective as our own perspective can be limited by our own experience.

Worrisome and negative thoughts proliferate rapidly and one way to stop this spiral is to name the worry to someone you trust.

It then takes the power and fear out of it and always brings more clarity.

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425 number in millions of people with diabetes worldwide.

33% of families affected by diabetes (Type 1 and Type 2 combined).

12% Irish births affected by diabetes during pregnancy in 2018.

90% of people with diabetes who said developing a complicating illness as a result of their condition is their biggest fear.

233,000 estimated number of Irish people that will have diabetes by next year (Type 1 and Type 2 combined).

304,000 number of Irish people in their thirties at increased risk of developing Type 2 diabetes.

985,000 number of Irish people who currently can prevent or delay getting Type 2 diabetes by eating more healthily and being more active.

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in numbers

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