Living well with Type 1 Diabetes

INFORMATION FOR ADULTS

Diabetes™ Ireland

Introduction

Type 1 diabetes is a lifelong condition that can be managed with support and education from your diabetes team. It is necessary that **YOU**, the person with diabetes take an active role in managing your condition.

This booklet contains general information on **Type 1 diabetes**. It is for adults living with Type 1 diabetes and aims to support you in managing your Type 1 diabetes well on a daily basis.

The contents of this booklet are divided into three sections, an introduction to Type 1 diabetes, ongoing care of Type 1 diabetes and living well with Type 1 diabetes. You can dip into the different sections of the booklet as it applies to you, and it will be an additional resource for you when managing your diabetes.

If you have any further questions, you can telephone your diabetes team or contact **Diabetes Ireland** on **01 8428118**, email **info@diabetes.ie** or follow us on social media **Facebook, Twitter, Instagram and Linkedin.**

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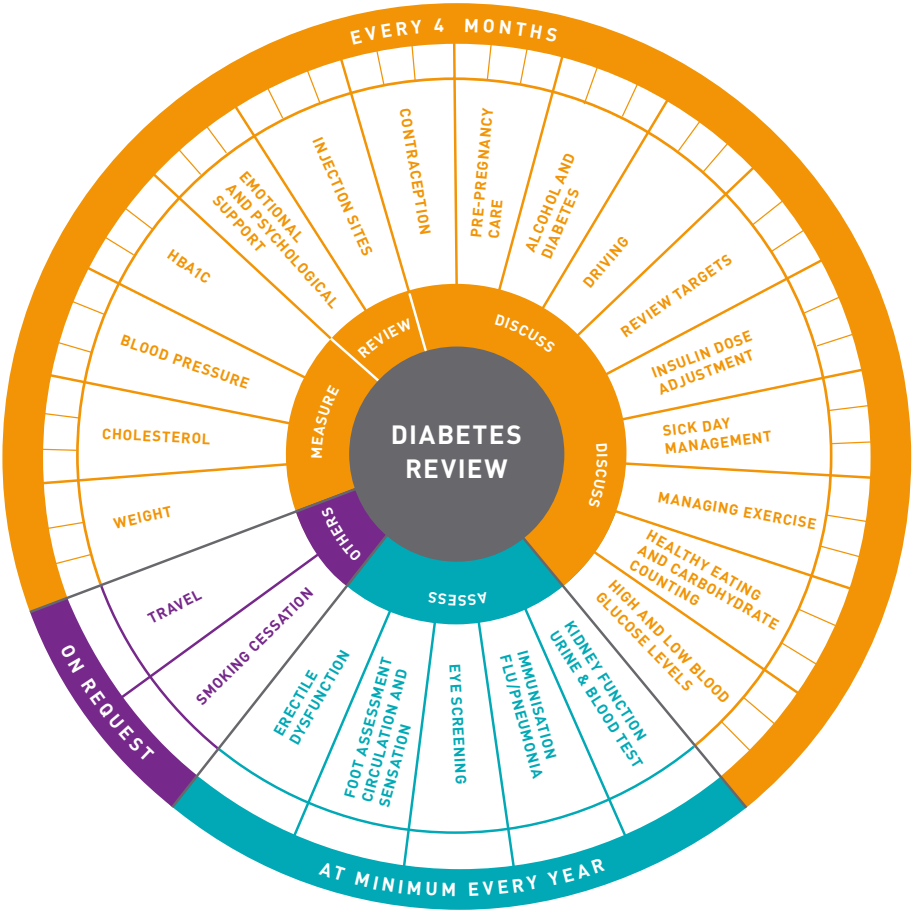
Your Diabetes Checklist

Your diabetes checklist will include multiple daily tasks to help you manage your Type 1 diabetes, such as, blood glucose checks and taking your insulin. In addition to managing your diabetes at home, you will have regular check-ups to review your diabetes with your hospital diabetes team. These check ups are to support you in managing your diabetes, modifying therapy when needed. They should also include health checks to detect if there are any early signs of complications of diabetes.

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 diabetes healthcare team, and we suggest a timeline for you to record these checks.



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What is Diabetes?

Diabetes mellitus is a life-long condition where the amount of glucose (sugar) in the blood is too high. This happens when the body cannot use glucose properly because of lack of insulin, or the insulin produced is not working effectively. Insulin is a hormone that acts like a key which opens the door into your cells to let glucose in. If glucose cannot get into the cells where it is needed to make energy it builds up in the bloodstream. This excess glucose causes you to feel very unwell and over time can cause damage to blood vessels.

Type 1 diabetes happens when the body completely stops producing insulin. It can develop at any age but is most frequently diagnosed in young people. It is an auto-immune condition where the body's immune system attacks the insulin producing cells in the pancreas and the body stops making insulin. The causes of Type 1 diabetes are not completely understood, but it is not related to lifestyle choices and is not preventable at present. Type 1 diabetes is managed by replacing the bodies insulin with:

- multiple daily insulin injections or by using an insulin pump
- by frequently checking blood glucose levels and
- by healthy eating and regular physical activity.

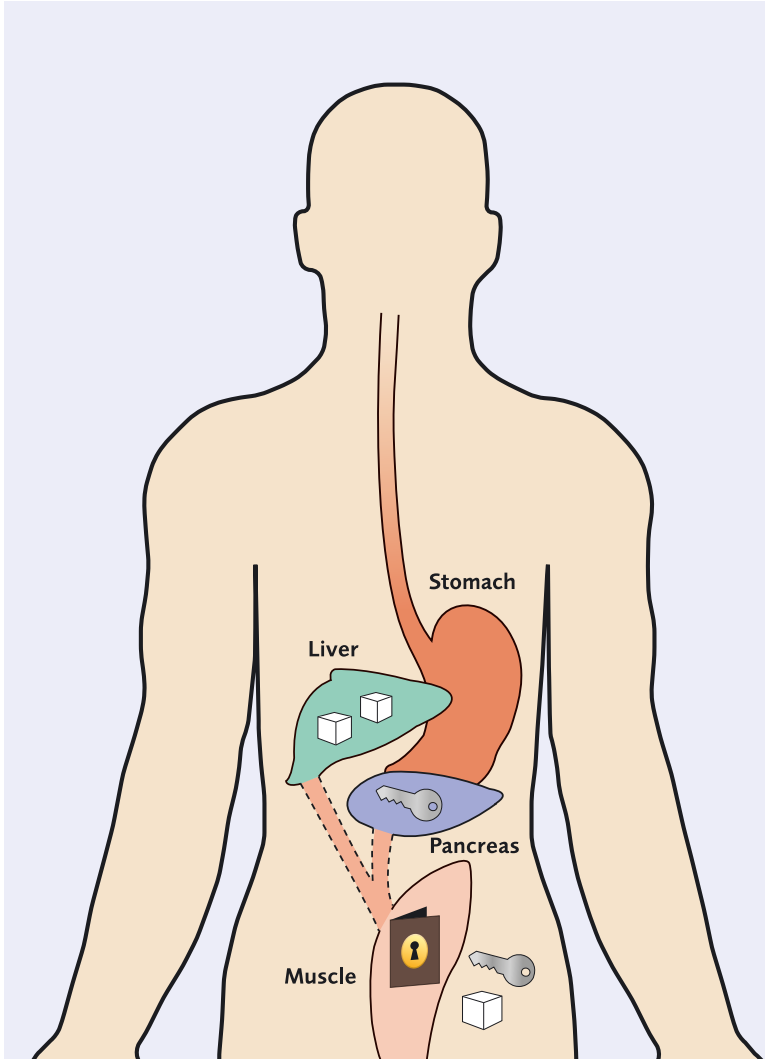
Other forms of diabetes include Type 2 diabetes, Pre-diabetes and Gestational diabetes. For information on other types of diabetes see **www.diabetes.ie** or telephone Diabetes Ireland on 01-842 8118.

A common factor in all types of diabetes is the need to keep blood glucose levels within a normal range (4–8mmol). This will help ensure that you feel well on a daily basis, and will also help to prevent long term complications associated with diabetes.

The Role of Glucose and Insulin in the Body

When carbohydrate foods are digested they are broken down into simple sugars called glucose. Glucose enters the bloodstream and travels to the body's cells where it is converted into energy. Glucose is also stored in the liver and muscles and is released into the blood stream as the body needs it.

Insulin is a hormone made in the pancreas. Insulin acts like a 'key' which opens the doors in your cells to let glucose in. In a person without diabetes the pancreas releases a continuous supply of insulin which is necessary in order for the body to function normally. In a person with Type 1 diabetes the body makes no insulin so it is necessary to replace the body's insulin using insulin injections or an insulin pump.



Who is in your Diabetes Team?

Type 1 diabetes is self-managed with support from your diabetes team. Your diabetes team are multi-disciplinary and have expertise in managing Type 1 diabetes. They usually work in hospital out-patient clinics.

Your team should consist of:

You, the person with Type 1 diabetes at the centre of the team.

Diabetes Endocrinologist/Diabetologist: A doctor (consultant) who specialises in diabetes. In the diabetes clinic in the hospital you will be under the care of this consultant. There are a team of doctors who work under the direction of the consultant. You may see one of these doctors when you attend an out-patients clinic appointment.

Diabetes Nurse Specialist: A Diabetes Nurse Specialist has expertise in diabetes management. When you are first diagnosed your diabetes nurse will teach you the basics of diabetes management, such as, how to check your blood glucose levels and inject insulin. They will also provide ongoing support and education when you visit the diabetes clinic and will answer any questions you may have. You may need to keep in contact with them in between appointments if you need advice to manage your diabetes.

Dietitian: it is important to match your insulin dose to your carbohydrate intake so you should be referred to a dietitian when you are first diagnosed with diabetes to advise you. They will also advise on healthy eating guidelines that you should adopt to help manage your diabetes. Like your diabetes nurse your dietitian will provide ongoing support and education and answer any questions you may have. You should also learn carbohydrate counting skills, or you may do a carbohydrate counting course in a group. Check with your diabetes team if these courses are available in your area.

Opthalmologists are doctors with specialist training in conditions that affect the eye. If a problem is detected during routine eye screening (diabetic retina screening) you may be referred to an ophthalmologist for further assessment and treatment.

Podiatrist: Podiatrists diagnose and treat foot problems. They can also carry out a foot assessment and advise you about footwear. You may be referred to one by your diabetes team or if you are concerned about a potential foot problem you can arrange a private appointment yourself.

Counsellor/Psychologist may help you to cope with the impact that diabetes has on your life. If necessary your diabetes team can refer you.

Pharmacists dispense insulin and medications that are prescribed by your diabetes team. They can advise how to store and take your medications and inform you of the common side effects. They may also give you general health promotion information and advice.

General Practitioner (GP): While you receive your diabetes care from the hospital based diabetes team, your GP is an important contact for you in supporting your other health care needs. You should contact your GP for any health concerns you may have.

It is important to know the best person to contact if you have a problem or query managing your diabetes, and it is a good idea to have contact telephone numbers in a convenient place. Trust in your diabetes team, they are there to help you.

Signs and Symptoms of Diabetes

Before you were diagnosed with diabetes you may have experienced some of the following signs and symptoms:

- Tiredness: due to the lack of insulin the body cannot convert glucose into energy
- Passing urine more than normal: excess glucose 'spills' into the urine causing you to pass urine excessively
- Thirst: Feeling excessively thirsty (due to fluid loss from passing urine frequently)
- Weight loss: Without adequate insulin the body cannot make energy in the normal way so it breaks down fat stores to make energy causing weight loss
- Blurred vision may occur
- Feeling generally unwell.

These symptoms should go away once your blood glucose levels return to normal but may return during times when your blood glucose levels are high.

Taking Care of Your Diabetes

An important part of managing Type 1 diabetes is understanding how your blood glucose levels are affected by your daily activities. Before you developed diabetes your pancreas kept your blood glucose levels within the normal range by producing the right amount of insulin at the right time. Now, YOU must help your body do what it once did automatically. This includes finding a balance between how much insulin you take, and matching this to your food choices and activity levels.

Managing your Type 1 diabetes daily isn't easy but you are not alone. Your diabetes team will support and guide you to maintain the best possible blood glucose control through the different stages of your life. It may also help to seek support from others living with Type 1 diabetes, your friends and family.

Insulin Delivery Systems

Type 1 diabetes is always treated with insulin. Insulin cannot be taken in the form of a tablet as the stomach would digest it; therefore it needs to be injected under the skin where it will be absorbed very easily. Insulin can be given via an insulin syringe, an insulin pen or an insulin pump.

The aim of insulin treatment is to mimic normal insulin production (that happens in a person without diabetes). There are several different insulins available and they are categorised by their action (how they work in the body).

Basal Bolus Regime – Multiple Daily Injections

This regime consists of a long acting (basal) insulin injection that works on the glucose which is released from your liver and a rapid/short acting (bolus) insulin that is injected to cover carbohydrates eaten at mealtimes.

Your diabetes team will prescribe the best insulin regime to suit you. Your diabetes nurse will instruct you:

- how and where in the body to inject insulin
- how the insulin device works

- about the timing of injections
- how the insulin works in your body once injected (it's action)
- how to safely dispose of sharps.

It is important that you know the type of insulin that you are on so that you can understand its action i.e. how fast it starts to work, when it has its strongest effect and how long it works for.

Insulin Pump

An insulin pump is a battery-operated device containing a cartridge with insulin. The pump is attached to the body via a narrow tube that is connected to a small plastic cannula placed under the skin. The pump delivers a steady flow of rapid acting insulin at a pre-set hourly rate (called a basal rate). Insulin doses (known as blouses) can be given via the pump for meals/snacks or to correct a high blood glucose level. To use an insulin pump it is necessary to learn carbohydrate counting skills. Some insulin pumps are used in combination with a continuous glucose monitor with alarms to help predict and prevent hypos.

Using an insulin pump can allow for more flexibility with eating patterns and make exercise easier. The cost of some insulin pumps are covered under the Long term illness scheme. Diabetes teams may recommend insulin pump therapy for individuals who have difficulty achieving their HbA1c target or are experiencing severe hypos despite a high level of care. If you would like more information on insulin pump therapy speak to your Diabetes team.

Storage of Insulin

All unopened insulin should be stored in the refrigerator until its expiry date. Insulin that is in use can be stored at room temperature for up to one month. Do not use insulin if it is past its expiry date.

Monitoring your Blood Glucose Levels

Blood glucose monitoring at home is a very important part of the day to day management of Type 1 diabetes. It tells you what your blood glucose level is at any given time. You should aim to keep your blood glucose levels as close to your target range as possible. In people *without* diabetes, blood glucose levels are normally between 4 and 7 mmol/L, but when a person has Type 1 diabetes the levels can go higher or lower than this. Your diabetes team should help you set appropriate blood glucose targets which may differ depending on your stage in life i.e. your age or if you are planning pregnancy etc.

Blood Glucose Meters

There are several blood glucose meters on the market and new products are being made available all the time. Choosing the right one can be tricky but your diabetes nurse will help you choose the monitoring system that best suits your needs.

Things to remember when testing your blood glucose levels at home:

- Know your target range for your blood glucose level
- Wash your hands before checking as any food on your hands may affect the result
- Prick the side of your finger using the lancing device to obtain a drop of blood, remember to change your lancet regularly
- Use a different finger each time so one finger doesn't become sore
- Replace your blood glucose meter every two years
- Always follow the meter manufacturer's instructions
- Never share your blood glucose testing equipment
- Store your meter and strips at room temperature
- Ensure the time and date on your meter is correct as it stores all your glucose readings
- Check the expiry date of your testing strips and don't use them if they are out of date
- Follow the manufacturers guidelines in relation to quality control testing using control solutions
- Register your meter with the manufacturer for a warranty and diabetes management software etc.

Glucose Sensors

Glucose sensors are another method of monitoring the glucose levels. They are worn on the body and measure glucose in and around the bodys cells giving more of an insight into glucose level variability and patterns throughout the day and night. (see page 26 for more information)

HbA1c

As part of your diabetes check-up you will have a routine blood test called a HbA1c. This test will indicate your average blood glucose levels over the previous 2-3 months. The general recommendation is to aim for a HbA1c less than 48mmol/mol*. It is important that you know what your HbA1c result is, and if it is within the recommended level as agreed by your team. If it is above the recommended level, it is important that you work with your diabetes team and figure out why, and what actions could be taken to reduce it. You may need to adjust your insulin dose, examine more closely the foods you eat, and the effect that they have on your blood glucose levels, or increase the amount of physical activity you do.

*As per National Clinical Guidelines for Adults with Type 1 Diabetes 2018.

Interpreting Glucose Readings

Whatever method you use to monitor your glucose readings your Diabetes team will help you analyse the results. Identifying patterns in your glucose readings will help you see the effects that certain foods and physical activity has on your blood glucose level allowing you and your diabetes team to make informed decisions about how much insulin you require. Interpreting glucose patterns will help your diabetes team assess if your current insulin regime is working for you.

High Blood Glucose Levels

Also known as Hyperglycaemia

If blood glucose levels are consistently high in the short term it may cause you to feel unwell and puts you at risk of Diabetic Ketoacidosis or DKA (see page 22 for more information). If blood glucose levels are consistently high over years it can increase your risk of developing diabetes complications, affecting the eyes, kidneys, heart and feet.

Some causes of high blood glucose levels include:

- Forgetting or not taking enough insulin
- Eating more carbohydrate than you had planned to
- Being less active than usual
- Having an illness/infection or in times of stress
- If you over treated a hypo with too much carbohydrate
- Some medications such as steroids.

Sometimes it can be difficult to identify a reason for a high blood glucose level.

For more information on the signs and symptoms of high blood glucose levels see page 7.

There are several actions you can take to correct or address high blood glucose levels. The important thing is not to panic and:

- Try and identify a reason why your blood glucose levels may be high
- Check for blood ketones if your blood glucose level is greater than 14mmol/L. (See page 23 for more information on ketones)
- You may need to take extra insulin as instructed by your diabetes team

- Check the blood glucose levels again to ensure they are coming back to normal
- Drink water or sugar free fluids to stay hydrated
- If unwell with flu like symptoms or an infection, a medical check-up may be necessary to treat the illness (see page 22 for more information on Sick Day Management)

- If your blood glucose levels are consistently high you should discuss them with your diabetes team.

Tips to *avoid* high blood glucose levels

- Never miss an insulin dose
- Match your insulin dose with consumed carbohydrate
- Maintain physical activity levels
- Manage illness or stress as best you can.

Low Blood Glucose Levels

Also known as Hypoglycaemia or Hypo's

Hypo's occur when the blood glucose level drops under 4mmol/L. Common causes of hypo's include:

- Taking too much insulin
- Not taking enough carbohydrate to match your insulin
- Unplanned exercise or physical activity
- Drinking alcohol
- Being in a hot climate or environment.

Everyone is different but some of the early warning signs of a hypo may include any or a combination of the following symptoms:

- Weakness
- Hunger
- Shaking
- Sweating
- Feeling confused or dizzy

Occasionally 'hypos' can occur without symptoms and are only discovered when routine glucose checks are done. If hypos occur without symptoms they still need to be treated with some fast acting carbohydrate.

If you are having hypos regularly discuss this with your diabetes team as your insulin may need to be adjusted.

Treatment of Hypo's

1. If possible check your blood glucose level.
2. If it is less than 4mmol/L treat it with some fast acting carbohydrate e.g. 3-4 glucose sweets, (Dextrose or Lucozade tablets) or ordinary fizzy drink (not diet) or fruit juice equal to 15 grams of carbohydrate. Brands of soft drink may change their sugar content so check the label to be sure of the amount you are advised to take.
3. Recheck the blood glucose level after 15 minutes to ensure it has returned to normal. If it is still less than 4mmols/L repeat step 2.
4. Follow this with a snack such as a plain biscuit, a piece of bread or fruit or a meal if it is due. (This step is not necessary when using an insulin pump).
5. It is important to treat all hypos with quick acting carbohydrate even if they occur when a meal is due.
6. If you do not have your glucose monitor with you but feel symptoms of a hypo it is necessary to treat it with some fast acting carbohydrate.

Avoid using chocolate to treat your hypos as the fat in chocolate will delay the absorption of glucose, and your blood glucose level will not rise quickly enough.

You should carry some fast acting carbohydrate with you at all times i.e. glucose sweets. It is important that you act quickly to treat a hypo to avoid it becoming more severe and you becoming disorientated, drowsy or have a seizure. For more information on hypos see **www.diabetes.ie/livingwithdiabetes/living Type1/talkhypos/**

'Lift' formally known as 'Glucojuice' is a glucose drink that is ideal for the treatment of hypo's. It is free if it is prescribed on your long term illness book. It's a 60ml bottle and it contains 15gms of carbohydrate.

Severe Hypo

Your brain needs a continuous supply of glucose. If a hypo is left untreated and the blood glucose level continues to drop, the glucose supply to the brain will be interrupted causing symptoms such as:

- Drowsiness
- Agitation/irritability
- Seizures
- Confusion
- Aggression
- Loss of consciousness

Management of a Severe Hypo

If you have a severe hypo (very drowsy or lose consciousness) you will need the assistance of someone else. **GlucaGen® Hypokit®** is an emergency injection used to treat severe hypos and is available on prescription. To treat a severe hypo the emergency injection can be given to you by a family member who has been trained by your diabetes team how to give it. You should make sure that you have a **GlucaGen® Hypokit®** in the fridge, that it is in-date, should you ever need it.

It is also a good idea to let your friends or colleagues know that you have diabetes, your typical hypo symptoms, and what needs to be done in the event of a hypo occurring.

Let your family and friends know that should you lose consciousness they should:

1. Put you in the recovery position.
2. Not put anything in your mouth in case you choke.
3. Call an ambulance.
4. If someone is trained to do so Glucagen injection should be given.

You should always tell your diabetes team at your next review that you had a severe hypo. If you are having hypos regularly or have difficulty recognising the early warning signs of a hypo (hypo unawareness) discuss this with your diabetes team so they can advise you. You should carry identification e.g. in a wallet, or wear an identity bracelet or have 'in case of emergency' information on your phone stating you have diabetes. If you ever become unwell and are unable to communicate, anyone coming to your assistance will know that you have diabetes.

To avoid hypos discuss with your diabetes team how to manage your diabetes during physical activity, and also the effect that alcohol will have on your blood glucose levels. Everyone with diabetes is different and you will only know the effect things have on your diabetes by checking your blood glucose levels regularly.

For information on hypos and the considerations for driving, see page 32 of this booklet.

Healthy Eating for Type 1 Diabetes

When you have Type 1 diabetes you can enjoy a varied diet, no special foods are needed. As for everyone eating regular meals and a healthy balanced diet is recommended for general health and wellbeing.

Carbohydrates

All carbohydrate foods are broken down into glucose and will affect your blood glucose levels, therefore, you need to be aware of what foods contain carbohydrate. Monitoring the amount of carbohydrate containing foods at mealtimes will help you to manage your blood glucose levels. Carbohydrates consist of sugars and starches and are an important energy source for the body and brain. Examples include bread, rice, cereals, potatoes, milk, baked goods and confectionary among others. To help control your blood glucose levels it is important to take the correct dose of insulin to match your carbohydrate food choices. Your dietitian will help you to work out how much of these foods to include at each meal.

Vegetables, Salad and Fruit

Fruit contains natural sugar (fructose), so it will affect your blood glucose readings. Fruit also contains fibre, vitamins, minerals and anti-oxidants which are important for good health. Aim for 5-7 portions of a variety of vegetables, salad and fruit a day. **Fruit juices will raise blood glucose levels quickly so are useful for treating hypos.** Salad and vegetables are lower in natural sugar, therefore try and have some at every meal.

Milk, Yoghurt and Cheese

Milk and yoghurt contain a natural sugar called lactose which is also a carbohydrate. Cheese does not contain carbohydrate. Dairy products are good sources of calcium and other nutrients which are good for bone and general health.

Sugary Carbohydrates

Sugary and sweet foods and drinks will cause blood glucose levels to rise and are not considered essential for a balanced diet. Some sugary foods can have a significant fat content and can be high in calories causing weight gain, so should be limited. Healthy eating guidelines suggest that these foods should be limited to no more than once or twice a week with a suggested serving of no more than 100 calories.

Carbohydrate Counting

Carbohydrate counting involves learning how to precisely match your carbohydrate intake to your insulin dose. Learning the skill of carbohydrate counting can take time, practice and support from your diabetes team. Once you learn how to do it, it will allow you more flexibility with the timings of your meals, as well as, the types and amounts of foods that you eat. It will also help you to predict your blood glucose response to different foods. In order to carbohydrate count you will need to know which foods contain carbohydrate, how to calculate the carbohydrate content in a meal by reading nutritional information labels and weighing your food. Your dietitian can teach you carbohydrate counting skills, and there are group education courses for carbohydrate counting, such as, the DAFNE Programme. Ask your diabetes team if these courses are available locally.

Other healthy eating recommendations include:

Eat Regular Meals

Meals should be eaten at regular times each day. It is a good idea to have a breakfast, a lunch or light meal and a dinner (main meal). Eating regularly can mean planning ahead. For example, take a meal or a snack into work/college.

Snacks

Discuss with your dietitian if it is necessary for you to snack. Your need to snack will depend on the type of insulin you take, your weight and appetite. It will be necessary for you to snack after a hypo or prior to exercise depending on your blood glucose levels. Snacking unnecessarily may lead to high blood glucose levels. Your dietitian will help guide you with choosing appropriate snacks.

Reduce your Fat especially Saturated Fat

Eating less fat in the diet can help reduce your cholesterol level and your risk of heart disease. As well as eating less fat overall, it is important to eat the right types of fat.

Generally the advice is to eat less saturated fat (animal fat) and trans fat (baked goods and takeaways) and more monounsaturated and polyunsaturated fat (olive oil, rapeseed oil, avocado, nuts and seeds).

Reduce your Salt Intake

Too much salt can contribute to high blood pressure and heart disease. To reduce your salt intake you should:

- Reduce your intake of processed foods especially ready prepared meals and takeaways, packet soups and sauces, salted meats, such as, ham, bacon and sausages
- Instead of using salt when cooking or at the table, flavour your food with pepper, garlic, vinegar, curry powder, mustard, lemon juice, herbs and spice.

Have Oily Fish Twice a Week

Oily fish is rich in omega 3 fat that lowers the risk of heart disease. It reduces inflammation and helps lower cholesterol. Oily fish includes salmon, sardines, kippers, mackerel, herring and trout.

Diabetic Foods

Diabetes Ireland does not recommend foods labelled as 'suitable for people with diabetes', such as biscuits, chocolate, sweets, jams etc. They are expensive, can be high in fat and if taken in large amounts, can cause diarrhoea (due to some types of artificial sweeteners).

Useful Resources

Information on foods/food labelling and shopping tips can be found at **www.diabetes.ie**

Irish Nutrition and Dietetic Institute **www.indi.ie**
Diabetes UK **www.diabetes.org.uk**
Carbs and cals apps and books are available to purchase **www.carbsandcals.com**

Alcohol and Blood Glucose Levels

If you drink alcohol it is important to know the effect that it will have on your blood glucose levels for your own safety. When alcohol is consumed it is broken down in the liver and this process slows the release of glucose from the liver. So when the body is breaking down alcohol the chances of having a hypo increase, during that night and throughout the next day. Being under the influence of alcohol may affect a person's ability to recognise the early warning signs of a hypo or they may not treat it appropriately. As symptoms of a hypo may mimic symptoms of intoxication ensure the person with you knows the signs of a hypo and how to treat it. **Discuss alcohol with your diabetes team so they can advise you appropriately.** To reduce the risks with alcohol and diabetes it is important that you:

- Drink in moderation
- Never drink on an empty stomach
- Take extra carbohydrate before going to bed
- Carry fast acting carbohydrate to treat a hypo if it occurs
- Don't binge drink (binge drinking is more than 6 standard drinks in 1 sitting)
- Do more frequent blood glucose checks to monitor the effect of alcohol
- Carry identification saying that you have diabetes and inform a friend you have diabetes in case of a low blood glucose level.

As for everyone if drinking alcohol it should be in moderation. Men should drink no more than 17 standard drinks a week and women no more than 11 standard drinks a week. Everyone should have 3 alcohol free days a week:

- 1 glass of beer = 1 standard drink
- 1 small glass of wine (100mls) = 1 standard drink
- 1 short measure e.g. vodka, whiskey (35mls) = 1 standard drink
- 1 small bottle of wine (187mls) = 2 standard drinks
- 1 bottle of wine = 7-10 standard drinks

Further information on alcohol can be sourced at **www2.hse.ie/alcohol-and-health/**

Physical Activity

Being physically active has many health benefits and is an important part of the management of your diabetes. The **benefits** of physical activity include increased feelings of wellbeing, you may feel more energetic, it helps lower blood glucose, blood pressure and cholesterol levels and helps weight management.

See **www.getirelandactive.ie** for general recommendations on how much physical activity is recommended and tips for increasing your level of physical activity.

Physical activity usually lowers your blood glucose levels so it is important to plan it carefully. **You should discuss the management of your blood glucose levels for exercise with your diabetes team.** Different forms of exercise affect blood glucose in different ways, and it may be necessary to employ different management strategies for different types of exercises. Hypos can occur following exercise (even after a long delay), as glucose moves from the blood to the liver and muscles to replace the stores of glucose that have been used up during exercise. Every person is individual as are their responses to exercise and your actions need to be guided by your blood glucose levels.

Some general recommendations are:

1. Check blood glucose levels before, during and after exercise. These results help you and your diabetes team work out what adjustments you need to make to your insulin and/or food intake to exercise safely.
2. Do not exercise if the blood glucose levels are high (>14mmols/L) and you have ketones. If there is not enough insulin working in the body, the normal body stressors released during exercise will cause blood glucose levels to rise even further. High blood glucose levels can cause fatigue and poor performance.
3. Where possible avoid exercising alone and alert others to the possibility of you having a hypo. Always carry some fast acting carbohydrate and if you feel symptoms of a hypo stop exercising immediately to treat the hypo. If you have had a severe hypo within the previous 24 hours exercise should be avoided. Non severe hypos prior to exercise can result in an increased risk of recurrent hypo during exercise so it is important to be vigilant with blood glucose monitoring.

4. If you play sports competitively the adrenaline prior to a match may cause your blood glucose levels to rise.
5. Discuss with your diabetes team the best way to exercise safely so they can advise you appropriately. You will need to consider if an insulin dose adjustment is required before or after exercise and the carbohydrate type and amount that is required before, during and after a particular exercise. It is best to do frequent blood glucose checks until you are familiar with your own bodies response to each type of exercise.
6. Wear shoes that are comfortable and will support your feet. Check your feet afterwards to make sure there is no redness, blisters or hard skin forming.
7. Drink sufficient fluids to stay hydrated; don't wait until you get thirsty.
8. Stop any activity and seek medical guidance if you feel unwell.

For further information on diabetes and sport see:

www.runsweet.com

www.excarbs.com

For local groups, exercise classes and more information see **www.getirelandactive.ie**

Coping with Diabetes

When you were first diagnosed with diabetes no doubt you and your family experienced a range of emotions. It is normal to experience:

- Shock – This can't be happening to me
- A feeling of loss – Life will never be the same again
- Anger – Why me?
- Disbelief or feeling devastated – But I did nothing wrong
- Fear of hypos or the long term complications of diabetes
- Stress – I won't be able to manage this
- Denial – I can't accept I have diabetes.

You may feel isolated and alone living with diabetes. Exploring and understanding how you deal with the difficult emotions associated with diabetes can give you the opportunity to understand yourself better, which will help you to cope better with difficulties you may have in other areas of your life including work and relationships. If you are having difficulty adjusting to life with diabetes or are feeling overwhelmed by the daily challenges of managing your diabetes, having support is important to help you to work through your emotions. Talking about how you are feeling may be enough to help you feel better. Talk to your diabetes team, GP, family and friends. Seek the support you need from others living with Type 1 diabetes, there may be a Type 1 diabetes support group near you or check out Diabetes online community supports.

Counselling Service

If you are finding it difficult to cope with your diabetes or feeling depressed or anxious speak to your diabetes team or your GP. You may be referred to a counsellor to talk through the emotional difficulties that you are experiencing.

Diabetes Ireland also provides a full counselling service in their Care Centre in Dublin and Cork. For queries or to make an appointment please telephone Dublin 01-842 6273 or email **carecentre@diabetes.ie.** For Cork Care Centre telephone 021-427 4229 or email **corkcarecentre@diabetes.ie**. All enquiries will be dealt with in confidence.

Sick Day Management

GOLDEN RULE: NEVER STOP TAKING YOUR INSULIN

When the body is fighting illness it can cause blood glucose levels to rise. This is due to the body's defence mechanism for fighting illness and infection which causes more glucose to be released into the bloodstream. This happens even when you are eating less than usual. **Therefore when ill it is essential to manage your blood glucose levels as well as the illness.**

When blood glucose levels are high, and there isn't enough insulin in the body to allow glucose to move from the blood into the cells where it is needed to make energy the body starts to break down fat as an alternative fuel. This process leads to the build up of **ketones** in the blood. When too many ketones are produced too quickly it can cause the blood to become acidic, which can lead to illness and **Diabetic Ketoacidosis (DKA)** a serious life threatening complication of Type 1 diabetes.

The symptoms of **Diabetic Ketoacidosis** include thirst, passing urine excessively, feeling very unwell, nausea or vomiting, tiredness and confusion, difficulty breathing, stomach pain and breath smelling of pear drops or nail polish remover.

A person with Type 1 diabetes is at risk of DKA when ill. To prevent DKA, follow the sick day advice outlined by your diabetes team.

If you have high blood glucose levels and signs of DKA seek medical advice immediately or go to the nearest emergency department for treatment.

Be aware of the warning signs of Diabetic Ketoacidosis and know when to seek emergency care. Your diabetes team may give you more specific sick day advice, so it is important to discuss it at your appointments so you will have a plan in the event of you becoming unwell, to prevent a minor illness becoming a major problem. If in doubt about what to do seek advice from your diabetes team and know who to contact out of hours.

General Guidelines for the management of Type 1 diabetes during illness:

- Check your glucose level every 2-4 hours (even during the night) and adjust your insulin/food intake accordingly as per the advice from your diabetes team
- Eat normally if you can and keep hydrated by sipping on water and sugar free fluids
- If you are unable to take solid food, take carbohydrate in fluid form e.g. flat soft drink (not diet variety), sip on this to maintain your blood glucose levels
- If you think you may have an infection or other illness that is causing the high blood glucose levels you should visit your G.P.
- If you are using an insulin pump you may be at a greater risk of DKA when ill or if your pump has technical problems affecting insulin delivery. It is essential that you are familiar with how to manage high blood glucose levels when on an insulin pump to avoid the risk of DKA. Keep a supply of insulin pens in the fridge in case you need to go back to injections if your insulin pump fails. Your diabetes team can advise you on this.

Checking for Ketones

If you feel unwell or your blood glucose levels are high (greater than 14mmols/L) you should check for blood ketones using certain blood glucose meters and blood ketone testing strips which are available on prescription. Your diabetes team should instruct you how to test for ketones and what to do if ketones are detected. **Illness can strike at any time so it is important to ensure that you always have a supply of blood ketone testing strips that are in date should you need them.**

Blood Ketone Level	What You Should Do
Below 0.6mmol/L	No ketones present.
0.6mmol/L and 1.5mmol/L	Moderate ketones are present; this indicates a need for extra insulin. It is important to call or follow the rules provided by your diabetes team and continue to check your blood glucose and blood ketone levels in 1-2 hours.
More than 1.5mmol/L	Large ketones are present; you are at risk of DKA. Call your diabetes team or seek alternate health professionals' advice.
More than 3.0 mmol/L	Large ketones are an immediate threat to your health. Follow advice from your diabetes healthcare team or go to your nearest A&E.

Ketones may be present when the blood glucose levels are within target levels – usually this is because of insufficient glucose intake if a meal or a snack is missed. These are known as **starvation ketones** and are treated with food and fluids and the usual insulin dose.

Injection Sites/Insulin Pump Sites

It is important that you rotate your injection sites/insulin pump sites. Repeatedly injecting insulin into the same site may over time cause an accumulation of fat under the skin (lipohypertrophy). Insulin injected into these areas may cause the insulin to be absorbed more unevenly leading to unexplained fluctuations in your blood glucose levels.

Areas of lipohypertrophy may look or feel lumpy in comparison to surrounding skin. They are often less sensitive to inject into.

To avoid lipohypertrophy you should:

- rotate your injections sites/insulin pump sites
- change your needle before every injection
- discuss with your diabetes nurse how to examine and rotate your injection sites.

Areas of lipohypertrophy should not be used as injection sites/insulin pump sites until they disappear (which could take months or years). A change of injection sites/insulin pump sites from areas of lipohypertrophy to alternative sites may require an insulin dose reduction, as you may now be absorbing your insulin more effectively. Contact your diabetes team if you need advice about adjusting your insulin dose.

Planning Pregnancy

Most women with diabetes have a normal pregnancy resulting in a healthy baby; however having diabetes does increase the chances of complications during pregnancy for both mother and baby.

If you are thinking of becoming pregnant over the next 12 months ask your diabetes team to refer you to a pre-pregnancy clinic for advice on how to get your pregnancy off to a healthy start. The length of time it takes to achieve optimum control prior to pregnancy is different for every woman, so it is important to be patient and to allow time for you to achieve this.

Before becoming pregnant you should:

- Use reliable contraception until advised that it is safe to conceive
- Monitor your blood glucose levels more frequently to help achieve your target HbA1c as given by your diabetes team
- Check with your diabetes team if your medications are safe to take in pregnancy as changes may be necessary
- Have your eyes checked for retinopathy as pregnancy can put extra pressure on the small blood vessels at the back of the eyes
- Have blood and urine tests to check your kidney function

- Take high dose Folic Acid 5mgs for at least 12 weeks before pregnancy (only available on prescription)
- Eat well and keep active
- Stop smoking and discuss passive smoking with the people you live with
- Avoid alcohol
- Aim to start your pregnancy at a healthy weight.

Diabetes in Pregnancy

As soon as a pregnancy is confirmed you should be booked into a combined obstetric/diabetes clinic for early assessment. Throughout the pregnancy there will be frequent contact and clinic visits to monitor your pregnancy and diabetes control.

For further information see **www.diabetes.ie** and **http://atlanticdipireland.com/**

Glucose Sensors

Continuous Glucose Monitoring (CGM)

Continuous glucose monitoring consists of a small disposable sensor that is inserted by the user under the skin. The sensor measures glucose levels in and around the bodys cells.

A transmitter is connected to the sensor and glucose results are wirelessly transmitted to a compatible smart device (with app) or compatible insulin pump. The sensor records a glucose reading every 5 minutes with

arrows displaying the direction the glucose is travelling in and by glancing at phone/ pump the user can see this information. There are alarms to warn of high and low blood glucose levels. **If symptoms experienced by the user do not match the readings being displayed by the sensor it is recommended to do a finger prick blood glucose to verify the blood glucose level.** CGM data can be shared with more than one smart device so other family members can be aware of your glucose levels once there is an internet connection available. Glucose data reports can be shared with your diabetes team in between appointments also.

Continuous Glucose Monitor devices are not offered routinely to people with Type 1 diabetes in Ireland. A consultant endocrinologist may recommend them in circumstances such as, an individual not recognising their hypos symptoms, for those who have an extreme fear of hypos or those who experience hypos without symptoms that cause problems with daily activities.*

*See National Clinical Guidelines for Adults with Type 1 diabetes 2018

Flash Glucose Monitoring

A flash glucose monitoring system consists of a small disposable glucose sensor worn on the skin for up to 14 days and a wireless reader device. The user must physically scan the sensor using the reader device to see their real time glucose readings displayed on the screen, and a trend arrow showing the direction that the glucose level is going. As the data is not being continuously sent to the reader device it does not have any alarm settings. The system does not replace blood glucose monitoring using the meter and finger prick. A blood glucose reading will need to be confirmed with a finger prick during times of rapidly changing glucose levels, impending hypoglycaemia or if the symptoms experienced don't match the readings displayed on the reader. The sensor may also be scanned with compatible smart phones with apps and data shared with family and friends. Glucose data reports can be shared with your diabetes team in between appointments also.

Flash glucose monitoring is free for children and young adults between the ages of 4-21 with Type 1 diabetes. It is also available to buy privately and one can claim TAX and VAT back on its cost. For more information on flash glucose monitoring speak to your diabetes team or see **www.freestylediabetes.ie**

Complications of Diabetes

One of the main aims of the management of Type 1 diabetes is to prevent long term complications of diabetes. It is important that you know what these complications are and ensure that you are screened for these complications once a year.

Having above target blood glucose levels over a long period of time (years) can potentially cause damage to the blood vessels and nerve endings leading to eye, kidney, foot problems and cardiovascular disease. High blood pressure, high cholesterol and smoking can also increase the risk of developing problems.

Eye Disease

Diabetic eye disease is also known as retinopathy. It occurs when tiny blood vessels in the lining (retina) at the back of the eye are damaged. Diabetic retinopathy can cause the blood vessels in the retina to leak and become blocked and damage your sight. Early stages of retinopathy will not affect your sight therefore it is essential that you attend for eye screening regularly.

Diabetic RetinaScreen is the National Diabetic Retinal Screening Programme that offers free, regular diabetic retinopathy screening to people with diabetes aged 12 years and older. For more information about Diabetic RetinaScreen Freephone 1800 45 45 55 or see **www.diabeticretinascreen.ie.** You should attend this programme for your annual eye screen even if you attend an optician or ophthalmologist for other eye conditions. Diabetes Ireland strongly encourages everyone with diabetes to register with this programme and attend their scheduled appointments.

Kidney Disease

Diabetic kidney disease is also known as nephropathy. The kidneys have many important functions such as cleaning and filtering the blood, getting rid of waste and water through the urine and controlling blood pressure. Over time high blood glucose levels can damage the small blood vessels in the kidneys causing them to work less efficiently.

In the early stages of diabetic nephropathy you will not experience symptoms or feel unwell, therefore, it is important to have your kidney function checked regularly. This is done by having a blood and urine test as part of your annual review.

Cardiovascular Disease

Cardiovascular disease can increase the chances of heart attacks and strokes occurring. Risk factors for cardiovascular disease are age, having a family history of cardiovascular disease, having uncontrolled high blood glucose, high blood pressure and high cholesterol and smoking. To reduce your risk for cardiovascular disease it is important that you do not smoke, have your blood pressure checked, and your blood cholesterol and HbA1c blood tests done. It is important that you lead a healthy lifestyle by maintaining healthy eating and regular physical activity.

Foot Disease

Prolonged above target blood glucose levels can cause damage to the nerves and the blood vessels that supply the feet potentially leading to foot ulceration and in extreme cases amputation. Damage to the nerves in the feet **(sensory neuropathy)** can cause symptoms such as tingling and numbness, not being able to feel pain or temperature as normal or burning and shooting pains. The main concern with this type of neuropathy is that you may not have normal sensation in your feet potentially leading to minor foot injuries going unnoticed and developing into serious foot problems. It is essential that you check your feet daily and seek medical advice if you notice broken skin or signs of infection such as redness or pain.

Prolonged above target blood glucose levels can also potentially lead to narrowing of the blood vessels in the legs, causing a reduced blood supply. This is called peripheral vascular disease (PVD) and can cause delayed wound healing and pain.

Everyone with diabetes should have **an annual foot assessment** by their diabetes team to check for problems related to circulation and sensation. They will advise you of your risk of developing foot problems and also provide you with instructions on the day to day care of your feet.

See **www.diabetes.ie** for some daily footcare tips to prevent foot problems.

Neuropathy

Prolonged above target blood glucose levels can cause damage to the nerves in the body known as neuropathy. Any nerve in the body can be affected. There are three different types of nerves **sensory, motor** and **autonomic.**

Sensory Neuropathy mainly affects feet and legs (see foot disease Pg 30) but it can also potentially cause problems in the arms and hands.

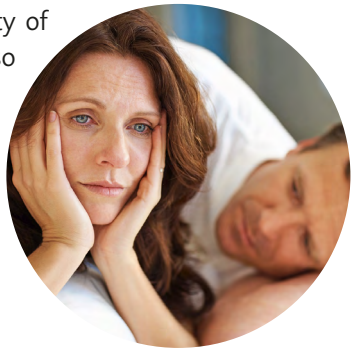
Autonomic neuropathy affects nerves that carry messages to your organs and glands to control certain bodily functions. Damage to these nerves can result in conditions such as:

- Gastroparesis, when food cannot move through the digestive system efficiently it can cause heartburn, nausea, vomiting and erratic blood glucose levels
- Bowel and bladder problems
- Problems with sweating
- Erectile dysfunction
- Irregular heartbeat
- Unawareness of hypos.

Motor Neuropathy affects the nerves that control movement and cause symptoms such as muscle wasting and weakness, abnormal foot shape and reduced reflexes.

Erectile Dysfunction

Many men have problems getting or maintaining an erection at some point in their lives. This can happen for a variety of reasons including stress, tiredness or alcohol. It may also be due to high blood glucose levels, nerve or circulation damage or the side effects of certain medications.



It can be a very difficult subject to talk about but don't worry your doctor will have heard this problem many times before. There are many effective treatments available for erectile dysfunction. Talk to a member of your diabetes team if it's a concern for you.

Diabetes Appointments – What to Expect?

As well as managing your diabetes at home you should have check-ups to review your diabetes with the diabetes healthcare team in the hospital. It is also important that you have certain health checks yearly to screen for the complications of diabetes as they do not always cause symptoms.

See the diabetes checklist on page 2 for information on what health checks you should be having as part of your diabetes appointments.

How to prepare for your diabetes appointments

- Bring a list of your current medications
- Bring a record of your glucose readings and your meter
- Write down any questions that you may have
- At appointments listen, and ask if there is anything you are unsure of
- Make notes of any advice you are given so that you can refer back to them when you get home.

When might I need to contact my diabetes team?

- If your blood glucose levels are consistently outside target range
- If you are not tolerating the medication that has been prescribed for you
- If you are feeling unwell, have high blood glucose levels and ketones
- If you are vomiting
- If you have a foot problem and especially if your foot is red, hot, swollen, painful as these are all signs of infection and medical attention is needed urgently
- If you found out that you are pregnant.

Applying for 3rd Level Education

DARE Scheme

If a student with Type 1 diabetes is applying to college through the CAO system they are entitled to apply for the Disability Access Route to Education (DARE) admissions scheme. When the CAO application is filled out the student has the opportunity to indicate if they wish to have their diabetes taken into account. For more information see **www.accesscollege.ie/dare/**

See also **Tips for college life** booklet in the downloads section of **www.diabetes.ie**

Driving and Diabetes

Having Type 1 diabetes is not an issue for driving but you must inform the National Driving Licence Service (NDLS) that you have diabetes that is treated with insulin. **NDLS contact details:** Tel (076) 1087 880 Email: **info@ndls.ie** website **www.ndls.ie**. You must also inform your motor insurance company that you have Type 1 diabetes but this will not affect the cost of your insurance policy.

As you are at risk of hypoglycaemia you must take extra precautions when driving:

- Always bring your blood glucose testing meter with you when driving and ensure the date and time is set correctly on it
- Check your blood glucose before you drive, and every two hours if driving long distances

- Interstitial glucose monitoring systems may be used to monitor glucose levels for Group 1 drivers only. Drivers must also carry their meter and finger pricking lancet for times when it is necessary to confirm a glucose reading
- If your blood glucose is 5.0mmol/L or less, have a snack. If it is less than 4.0mmol/L or you feel hypo, do not drive and take appropriate action to correct your blood glucose level, and wait 45 minutes before driving
- If you suspect that you are hypo while driving, stop the vehicle as soon as is safe to do so. You must switch off the engine, remove the keys from the ignition and move from the driver's seat. You must not start driving until 45 minutes after blood glucose has returned to normal as it takes this long for the brain to recover fully
- Always keep an emergency supply of fast-acting carbohydrate such as glucose tablets, a soft drink or sweets within easy reach in the vehicle
- You should carry personal identification to show that you have diabetes in case of injury in a road traffic accident
- Particular care should be taken during changes of insulin regimens, changes of lifestyle, exercise, travel and pregnancy
- You must take regular meals, snacks and rest periods on long journeys. Always avoid alcohol.

Medical fitness to drive guidelines state that Group 1 drivers (car, motorcycle, tractor) must not have had more than one episode of hypoglycaemia requiring assistance of another person in the previous 12 months, and Group 2 drivers (trucks and buses) should not have had any episode of hypoglycaemia requiring assistance during the previous 12 months.

More information on driving with diabetes for Group 1 and 2 drivers is available from Diabetes Ireland. Telephone 01-842 8118 or see **www.diabetes.ie** or Road Safety Authority on **www.rsa.ie**

Travel

Diabetes is not a barrier for travel but does require some extra planning beforehand:

- You need a letter signed by your doctor stating you have diabetes and are carrying equipment for control of your condition i.e insulin, meter, needles etc for airport security
- Insulin needs to be carried in your hand luggage. If stored in the 'hold' of the plane it will freeze and will not be fit for use
- Carry identification stating you have diabetes
- If you are using an insulin pump, ask your diabetes team or insulin pump manufacturer about getting an extra pump to bring on holiday in the event of pump failure. Ensure you have insulin pens and needles with you and that you know how to revert to insulin injections if your pump fails
- Bring a written prescription of your medications in case you need to get extra supplies or visit a doctor while abroad
- Bring more diabetes supplies and insulin than you will need in case the holiday is extended for unforeseen reasons. Carry your medication in its original packaging in your hand luggage
- Ensure your travel/health insurance covers any diabetes related emergency
- You may need to bring snacks for the journey
- If you are crossing time zones discuss when to take your insulin with your diabetes team
- If you are travelling to a hot climate, the heat will increase your risk of a hypo as you will be more sensitive to your insulin. Test your blood glucose level more often and carry fast acting carbohydrate

- Ensure you bring plenty of blood glucose strips and a spare meter as you may need to check your blood glucose levels more frequently
- Be aware of the need to protect your feet, don't walk on hot sand, check your feet daily if you are doing extra walking etc.
- Before departure remind yourself of 'Sick Day Management' guidelines
- Your extra insulin and insulin pens need to be kept at a refrigerated temperature while travelling. Find out in advance if there is a fridge in your accommodation or use Frio bags to keep your insulin cool.

Frio bags Reusable bags used to keep insulin cool for up to 45 hours, available from Diabetes Ireland. They come in large (140 X 180mm) which holds 12 vials and a pen or extra large holding 18 vials. Each bag is activated by tap water and can be reused hundreds of times.

See the Diabetes Ireland website for more information **www.diabetes.ie**

Life Insurance and Diabetes

When it comes to getting life insurance people with diabetes are not treated as standard customers. Prices can vary depending on the insurers assessment of your health and management of your diabetes. Maintaining good health and good control of your diabetes will contribute towards you getting more affordable premiums.

ERM financial services have worked with Diabetes Ireland for almost 20 years to develop solutions to a number of insurance problems experienced by the diabetes community. For more information on ERM financial services, telephone (01) 845 4361 or see **www.ermfinancialservices.ie**

Other Lifestyle Considerations

Smoking and E-Cigarettes

Smoking is not advised and smoking when you have diabetes increases your risk of developing the complications of diabetes. E-Cigarettes or vaping contain harmful nicotine and other chemicals and are not recommended. There are supports available for those wishing to give up smoking. Take the first step by discussing it with your GP, diabetes team or contacting The National Smokers quitline on 1800 201 203 or see **www.quit.ie**

Dental

Good dental care is important as diabetes puts teeth and gums more at risk of gum disease. Regular dental check ups are advised. For more information on diabetes and oral health tips see **www.diabetes.ie**

Lifestyle Entitlements

Long-term illness Scheme

Under the long-term illness scheme all people with diabetes regardless of income/ circumstances are entitled to diabetes medication and blood glucose monitoring supplies free of charge. There should be no restrictions of blood glucose testing strips from the pharmacy for people on insulin. If you are on cholesterol and/or blood pressure medication the cost of these are also covered under the scheme.

A person with a medical card can apply for a Long-term illness card (there will be no prescription charges for diabetes related items) – see **www.mylti.ie** for more information, or to download an application form.

Employment

Under the Employment Equality Act, an employer cannot use a medical condition to discriminate against you. You are legally required however, if asked, to inform any potential employer of any long term condition during the recruitment process.

If you are already in employment your colleagues may not know about diabetes. You can educate them by giving a simple explanation about the effects of diabetes and how it can be managed. You should inform your colleagues of the signs and symptoms of hypoglycaemia (hypo) and how to treat it.

Medical Card/GP Visit Card

Medical cards are issued by the Health Service Executive (HSE) and entitle a person to free GP care and hospital visits free of charge. Medical cards are means tested which means your income is assessed by the HSE as part of the application process. If you do not qualify for a medical card on income grounds you may qualify for a GP visit card. This entitles you to visit a participating family doctor for free. You can apply online on **www.medicalcard.ie** or get an application form from participating GP's, local health centre's or contact locall 1890 252 919.

Foot Checks

Where community chiropody/podiatry services are available they are free to medical card holders or people over 65 years of age. If your GP is part of the HSE National diabetes footcare screening programme once assessed and if deemed at risk, you can be referred to the appropriate podiatrist or hospital diabetes foot clinic. There would be no charge for this service.

Diabetes Ireland provides a wide range of foot care services in their Care Centre in Dublin and Cork. For queries or to make an appointment please telephone Dublin on 01-842 8118 or email **carecentre@diabetes.ie** or Cork on 021-427 4229 or email **corkcarecentre@diabetes.ie**

Tax Relief

Non-medical card holders may be able to claim tax relief on health services such as podiatry care if you are required to attend as part of medical treatment i.e. your doctor directs you to attend. You may also be able to claim tax relief on any doctor's visits, prescription drugs and purchasing of medical devices for monitoring glucose.

Carer's Allowance

Carer's allowance is a payment to people on low incomes who are looking after a person who needs support because of age, disability or illness. If you qualify for the carers allowance you may also qualify for free household benefits, or a free travel pass. Application forms are available through local social welfare offices or can be downloaded from the citizens information website **www.citizensinformation.ie**

For further information on your entitlements log onto:

Diabetes Ireland **www.diabetes.ie**
Citizens Information **www.citizensadvice.ie**
Social Welfare **www.welfare.ie**

Diabetes Ireland

Diabetes Ireland is a national charity established in 1967, and is dedicated to providing support, education, and motivation to people with diabetes.

Services include:

- A dedicated helpline, telephone 01-842 8118, which is open from Monday-Friday, 9am-5pm
- Access to a wide range of diabetes information leaflets and a full colour magazine Diabetes Ireland packed with stories, event news, research and education published three times a year
- Updates on global research focusing on the search for a cure for diabetes, and better treatment options for Type 1 diabetes. We support specific Irish and International research projects
- Access to a dedicated insurance broker firm to find insurance solutions for home, travel, and motor for those living with a 'chronic condition'
- Diabetes Ireland represents people with diabetes, advocating to secure the best care for those living with diabetes in Ireland
- We co-ordinate national and local diabetes awareness campaigns about the symptoms and risk factors for Type 1 & Type 2 diabetes
- We visit workplaces and schools to educate and raise awareness on diabetes and reduce the fear and misconceptions of the condition and its many forms
- An online shop with products and services to assist those living with diabetes
- Be notified of upcoming events in your area such as public information meetings and access support via local volunteer groups
- Access to direct professional healthcare, dietetic, counselling and podiatry services offered in our Dublin and Cork care centres
- First access to family orientated organised activities where the children take part in fun activities while parents attend educational workshops and get to know one another.

Join Us

You and your family can become members of Diabetes Ireland. For more information or to join online see **www.diabetes.ie/membership** or telephone 01 842 8118

Membership fees fund services

Diabetes Ireland Care Centres

The Diabetes Ireland Care Centres are purpose built units in Santry, Dublin and Cork City. Our team of practitioners have expertise in the needs of people with diabetes. They work together to provide the best possible service to our members. This means we can provide a seamless and integrated range of healthcare services. We work to provide affordable access to services and products in key areas that will help you manage your diabetes and maximize your health and quality of life.

The following services are available at our Care Centres:

- Podiatry, Orthotics and Footcare Services
- Dietitian Consultations
- Counselling Service
- CODE-group education courses for people with Type 2 diabetes or Pre-diabetes
- Diabetic Retina Screening

For further information about the care centre or to make an appointment please call Dublin 01-842 6273 or email **carecentre@diabetes.ie**. For Cork telephone 021-427 4229 or email **corkcarecentre@diabetes.ie**

Useful Contacts

	Telephone Number	Website
Diabetes Ireland helpline Monday-Friday 9am-5pm	01-842 8118	www.diabetes.ie
Diabetic Retina Screen	1800 45 45 55	www.diabeticretinascreen.ie
National Smokers Quitline	1800 201 203	www.quit.ie
Hospital – Diabetes Day Centre		
Consultant Endocrinologist – Appointment Secretary		
GP Out of hours GP Diabetes Nurse Specialist Podiatrist		

Diabetes™ Ireland

Diabetes Ireland, Northwood Business Campus, Santry, Dublin 9.
Tel: 01-842 8118

www.diabetes.ie

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