

Diabetes Care Programme



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DIABETES CARE PROGRAMME

WHAT IS DIABETES?

If you have diabetes, you have too much glucose (sugar) in your blood.

How does this happen?

Sugar and starchy foods are broken down into glucose, which enters the blood for your body to use as energy. Normally, a hormone called insulin controls the amount of glucose in your blood.

Having diabetes means that your body either:

- Lacks insulin (Type 1 diabetes, which usually develops in children and young adults); or
- Cannot use its own insulin as well as it should (Type 2 diabetes, which usually develops in adulthood and is linked to family history or being overweight).

WHAT DOES DIABETES MEAN FOR YOUR HEALTH?

Diabetes affects your whole body, causing short-term and long-term complications.

Short-term complications

Untreated diabetes can cause a coma and death.



Long-term complications

Poorly treated diabetes will cause the following serious health problems:

- Kidney failure
- Nerve damage
- Blindness
- Foot infections that may result in amputation
- Early heart attacks and strokes
- Impotence in men

Once the complications have developed, they cannot be reversed. The higher your blood glucose, and the more other risk factors you have (like high blood pressure, high cholesterol, smoking), the greater the risk of serious health problems. However, control of your blood glucose and other risks can prevent complications or at least prevent things from getting worse.

DIABETIC CARE MANAGEMENT PROGRAMME

The aim of the Diabetic Care Programme is to form a partnership between you, your family doctor and your other healthcare service providers of special diabetes care. We will help you learn more about diabetes, thereby enabling you to manage and control it. If you improve your control it will lead to a better quality of life.

Glucose control

- Good glucose control reduces the risk of serious health problems.
- Finger prick tests check your glucose level at that moment. The glucose control test (HbA1c) is the best test to determine your average control over three months.

Diabetes treatment

Achieve your individualised treatment goals. Together you and your doctor will identify the areas you need to focus on, such as:

- Good control of blood pressure levels.
- Normal cholesterol (blood fats).
- Stop smoking.
- Weight loss and maintenance through exercise and healthy eating.

Prevent long-term problems

- Have your eyes checked at least once a year.
- Have your feet checked at least once a year.
- Taking good care of your feet on a daily basis will prevent serious problems from occurring in future.
- Have your kidneys checked yearly – this is done with a urine and/or blood test.

HOW DO YOU BECOME INVOLVED IN YOUR TREATMENT?

- This booklet gives you information on the best way to manage your diabetes.
- Take this booklet along to your doctor so that they can go through the results and see how you are doing.
- Discuss and agree on your individualised treatment goals with your doctor by completing page 13.
- If you are on insulin, you need to monitor yourself regularly. Discuss with your doctor how often. Go to page 9 to learn how to record your results.
- Your doctor will be able to record the results of the tests they perform on page 9.

DIABETES MANAGEMENT

What will we do for you?

- We will contact you from time to time to ask about your diabetes and to gather the monitoring information from your booklet.



- We will use the information your doctor has written in your booklet to decide how best we can support you.
- Our diabetic care nurses will assist with any information you need about your diabetes and related health matters.

Supported by your doctor and the other members of your diabetic care team, the aim is for you to feel as healthy as a person without diabetes.

Your diabetic care team helps to monitor your care. Please call the diabetic care number – 0860 109 900 – if you have any questions.

IDEAL MANAGEMENT BASICS

Knowledge is key

Learn everything you can about diabetes, including your treatment goals and how to recognise and prevent complications.

Glucose monitoring

Self-monitoring will help you to improve your control. Know how and when to check your own glucose. Have a glucose control test (HbA1c) done regularly (see page 7).

MEDICINE AND INSULIN

Any diabetic on insulin should know the following basics:

- Insulin types and how to store them safely.
- How to give the correct dose.
- How to recognise, prevent and treat low blood glucose reactions (hypoglycemia).
- The importance of injecting in different places on your body.



- How to interpret home glucose testing and change your insulin dose if needed.
- The effect of exercise on insulin requirements.
- What to do in an emergency.
- The importance of wearing a Medic Alert bracelet.
- Care when driving.

It is very important not to skip insulin doses, especially when you are ill.

When you are ill, you may need extra insulin, you should test your blood glucose more often and you need to test your urine for ketones.

Ketones are produced when the body burns fat for energy or fuel. They are also produced when you lose weight or if there is not enough insulin to help your body use sugar for energy.

Without enough insulin, glucose builds up in the blood. Since the body is unable to use glucose for energy, it breaks down fat instead. When this occurs, ketones form in the blood and spill into the urine. These ketones can make you very sick.

Diabetes pills are often essential for controlling glucose in Type 2 (adult onset) diabetes. These are not insulin tablets, but they enable the body to use its own insulin more effectively. They may be taken with insulin.

DIABETIC COMPLICATIONS

Eye examinations

Regular eye checks are advised, even if your eyes seem fine. Doctors and eye specialists with special experience of diabetic eye problems should do these examinations.

Foot care

Learning about proper foot care right from the start will save your feet. The smallest sore can quickly become a major problem. A doctor must check your feet at least yearly.

The rules of good foot care

- Examine your feet everyday or have someone check them for you.
- Get medical help as soon as you discover you have a foot injury.
- Wash your feet daily in luke warm (not hot) water and dry them carefully, especially between your toes.
- Use a soft towel and pat dry; do not rub.
- Never walk without shoes, even on the beach.
- Never cut calluses yourself.

NOTE: Complete foot care involves more than this, but these points are especially important. Your doctor will advise you accordingly.

Kidney checks

Diabetes can damage your kidneys. A special urine test can be done to check whether your kidneys are at risk.

Diet

It is important to follow the correct diet to control your glucose. Speak to a dietician about a healthy eating plan.

Exercise

Exercising also improves control and decreases the risk of getting heart disease. Exercising should be an enjoyable part of your life, and ideally you should do 30 minutes of exercise a day, three to five times a week.

OTHER RISK FACTORS

Stop smoking

Smoking is the most important avoidable cause of premature death. It can lead to a quicker onset of complications, such as blindness, impotence, amputations and stroke. Get help if you struggle to stop smoking.

Drink less alcohol

Some people may have to cut alcohol out altogether. Acceptable limits are one to two standard drinks in one day. One standard drink is one tot spirits, one small glass of wine or one can of beer.

High blood pressure and cholesterol

A healthy lifestyle will lower your blood pressure and cholesterol, but in some cases medication may also be needed.

Aspirin

Most people with increased risk of heart attacks or strokes should take a low dose of aspirin every day. Ask your doctor if you need to do this.

TESTS AND EMERGENCIES

Blood glucose control test (HbA1c test)

This is an important test. It checks your long-term blood glucose control over the previous three months. Remember, your glucose level may change in a single day.

Urine tests

The urine dipstick test done in the doctor's rooms checks for glucose, protein, ketones and infections. Your urine should normally not contain protein. This test is not sensitive enough to detect tiny amounts of protein, therefore, another sample may have to be sent to a laboratory for further testing.

Cholesterol tests

A baseline cholesterol test should be done when you are diagnosed with diabetes and regularly thereafter.

DIABETIC EMERGENCIES

Once treatment has begun glucose levels can either be too low ('hypo') or too high ('hyper'). Both can have serious consequences.

Recognising the warning signs means that you may be able to adjust your glucose level before the situation gets serious.

However, not everyone is sensitive to the warning signs. Your family and friends need to know these signs too, so that they can help you if you are not well enough to help yourself.

A Medic Alert bracelet tells others how to help you.

DIABETICS AND PREGNANCY

If you are a woman planning a pregnancy or if you are already pregnant, you need special care. Strict glucose control before and during pregnancy, is necessary to prevent birth defects, miscarriages and stillbirths. Glucose control in pregnancy also helps to prevent any diabetes-related problems from becoming worse.

Your treatment may need to change during your pregnancy, so you need to see your doctor as soon as you suspect you may be pregnant. If you are not planning to fall pregnant, please discuss contraception with your doctor.



DIABETES MONITORING

Monitoring with your doctor's help

Self-monitoring if you are on insulin

Home glucose testing

Write results in the column that best indicates the time the test was done. Do not always test at the same time of the day.

WEEK STARTING	MON	TUE	WED	THU	FRI	SAT	SUN
Before breakfast							
Two hours after breakfast							
Before lunch							
Two hours after lunch							
Before supper							
Two hours after supper							
Bedtime, before snack							
2-3am							

Symptoms of low/high glucose levels							
Blood glucose results							
Date and time							
Suggested reason							

HbA1c

An HbA1c is done two to three months after there has been a change in management/medicines, three to four monthly if you are on insulin, or six monthly if you are not using insulin and your glucose control is stable.

Date								
Result								

Blood pressure and weight

This is done at every visit.

BP	Date							
	Result							
Weight	Date							
	Result							

Make copies of this page to record future results.

Eye checks

Yearly eye checks (dilated eye examinations) are advised.

Booking date					
Time					
Doctors					

Foot checks

Thorough foot checks are advised at least yearly. A diabetic who experiences foot problems should visit a podiatrist.

Foot examination	Date		Date	
	Left	Right	Left	Right
Bone deformity				
Nails				
Skin				
Pulses				
Sensation				
Amputation				



Cholesterol (mmol/l)

Preferably a ‘fasting’ level should be done yearly. Fasting is when you abstain from eating, drinking and taking medicine starting at least nine hours before taking the test.

	Total cholesterol (<5)	LDL cholesterol (<3)	HDL cholesterol (<0.9)	Triglyceride (<2.3)
Date				
Result				

Urine and kidney tests

Date							
Urine							
Blood results: Creatinine							
Potassium							
GFR							
Other							

TARGETS

My individualised treatment goals to be filled in by my doctor:

SA guidelines (optimal goals in brackets)			My goal	Notes for my doctor
Finger prick blood glucose	Fasting (4–6)			It may sometimes be impossible to achieve all optimal goals set out in this guide.
	2 hours after meals (5-8)			
HbA1c (< 7%)				Additional action is suggested to lower the HbA1c if it is greater than 8%.
Blood pressure (<130/85 mmHg)				Aim for even stricter target BP (<125/75mmHg) in those with nephropathy.
Weight loss (kg)				Aim for weight loss of 5-10% if overweight, i.e. BMI>25.
Smoker	Y	N	Not smoking	

Targets for home glucose monitoring

1. When/how often?

2. What time of day?

Write down your results for your glucose monitoring as shown on page 9-10.

Visit www.gems.gov.za for more information
or call us on **0860 00 4367**

If you would like more information about diabetes, please do not hesitate to
call us on the **GEMS MEMBER CARE LINE 0860 109 900**.

Always discuss all health and treatment issues with your **doctor**.

Please note that this information provided by our Registered Healthcare
Professionals is for educational, communication and information purposes
only and is not intended to replace or represent medical advice or treatment.

