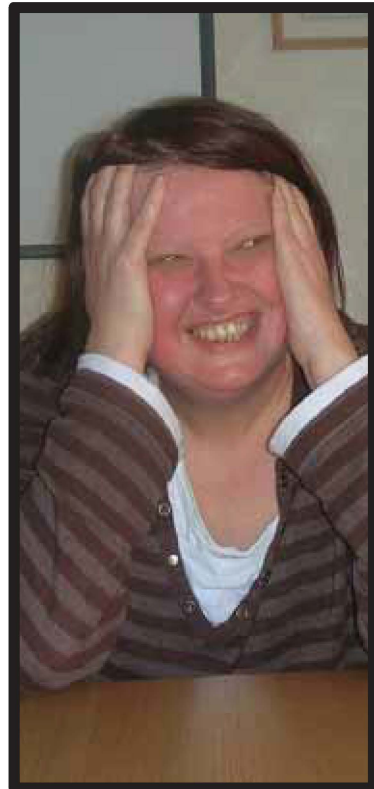


Living with someone with Diabetes And Learning Disability



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What is Diabetes?...

Your relative has been diagnosed with diabetes. This is a life long condition and needs to be treated and monitored to prevent future health problems.

There are different types of diabetes.

Types of Diabetes...

Type 1 - always treated with insulin and healthy eating

Type 2 - this is the most common type of diabetes treated with healthy eating, exercise, tablets or insulin.

Healthy eating...

- The diet for people with diabetes is healthy eating
- High carbohydrate
- High Fibre
- Low fat
- Low sugar



Until seen by the dietician recommend:

- Regular meals and a supper
- Reduce intake of sugary foods; e.g. sugar, chocolate, cakes, sugary drinks.

Diabetes and Learning Disability...

It can be difficult getting the message across about healthy eating as it may be too difficult for your relative to understand that some sweet food in the diet is ok. Trying to give choices that encourage healthy eating is the ideal.

The eatwell plate



Use the eatwell plate to help you get the balance right. It shows how much of what you eat should come from each food group.



The Eatwell Plate shows the types and proportions of food, which help make up a balanced diet. For most of us this means a change towards more vegetables, fruit, bread, cereals, potatoes, rice and pasta. These foods are shown in the yellow and green segments on the plate.

The smaller pink segment represents the protein foods; hence the recommendation is smaller portions of meat, poultry and fish. The vegetarian alternatives are also included in this segment such as pulses, nuts and eggs.

The blue segment represents the dairy foods. Again these are in smaller segment, so use smaller portions and preferably the low fat alternatives, e.g semi skimmed milk, low fat yoghurts and cheese.

Types of diabetes...

Being diagnosed with diabetes can be a shock for all the family with changes to lifestyle and more appointments to attend.

Type 2 Diabetes...

This is the most common type of diabetes. Affecting over 90% of those with diabetes. This develops when the body is still producing insulin, but not enough for its needs, or when the insulin that the body is producing is not working properly (known as insulin resistance). Some people are treated with lifestyle changes to diet and exercise, some are treated with tablets and some people are treated with tablets and insulin.

This type of diabetes usually happens in people over the age of 40, often with a family history and/or in those who are overweight. It is treated by healthy diet and exercise/tablets/ or tablets and insulin.

Current treatment is.....

Type 1 Diabetes...

This develops when insulin production stops because most or all of the insulin producing cells (beta cells) in the pancreas have been destroyed. This type of diabetes usually occurs in the under 40's and in children. It is treated by insulin injections and healthy diet.



Diabetes and Learning Disability...

Some disabilities increase the chances of developing diabetes such as down's syndrome. Some medications can increase risk of diabetes e.g. anti-psychotic medication. Being overweight increases risk of developing diabetes.

Newly Diagnosed Type 2...

- Referral to GP practice diabetes clinic.
This may be led by Practice Nurse

Contact Name:.....

- Referral to dietitian

Contact Name:.....

Treatment...

An individual care plan should be made for you. If you use a health action plan all your care needs can be included in this. Initial treatment is usually dietary unless the person has a lot of symptoms or has other associated health problems

Exercise...

Regular exercise will help to reduce the blood glucose levels and should be encouraged. It is safe to exercise, doing things that you enjoy like walking, dancing and gardening. Gradually increase the amount aiming for 30mins 5 times a week. Diabetes UK also produce diabetes v activity. Exercise also helps to reduce blood pressure and cholesterol and helps with circulation. Types of exercise that is safe to do:

- Walking
 - Gentle stretching exercise
 - Using an exercise DVD
 - Accessing local leisure centre facilities
- Ask your nurse/Dr if unsure.

Medication...

If diet and exercise does not control blood glucose levels then medication maybe used in conjunction with diet and exercise. There are many different types of tablets used for diabetes:

The tablet for diabetes is.....

This should be taken.....

Side effects.....

Information...

An information folder is available for those newly diagnosed via the GP practice. Understanding Diabetes (Diabetes UK) publication is a general information booklet about diabetes and is free. Dvds are also available.

Monitoring...

For those treated on diet alone or diet and tablets it is not necessary to teach blood glucose monitoring. A long term blood test (HbA1c) gives information about how well the diabetes is controlled (some centres are able to do this from a finger prick sample), under 6.5% is good control; individual targets may vary.

Target level HbA1c.....

Urine testing is a useful method of monitoring glucose levels. The presence of glucose in the urine can be an indication that diabetes is not well controlled.

Urine testing...

This involves passing urine over a test strip or dipping the strip into urine and waiting 30 seconds for the result. To get the most accurate result the best times to test are two hours after meals. A negative result means the blood glucose is less than 10mmols. The results can be recorded in a monitoring book.



Other tablets...

Guardian Drugs: These help to protect the body.
Statin: Cholesterol medication protects the heart
Blood pressure medication protects the kidneys & heart
Aspirin: Protects against strokes

It is also important that blood pressure and cholesterol levels are checked and treated to reduce future health problems

Medication for blood pressure is.....

Target levels B.P.....

Medication for cholesterol is.....

Target level cholesterol.....

Insulin...

Is a hormone that controls the amount of glucose in our blood. Insulin is made in the pancreas which lies behind the stomach. Insulin helps the glucose from our food to enter the cells where it is used for energy.



Before people get diabetes the body is normally able to adjust the amount of insulin it produces automatically and this stops the amount of glucose levels from going too high or too low. When you have type 1 diabetes your body stops producing insulin and the blood sugar levels rise this is why your relative felt unwell. Insulin can be given to these with Type 2 diabetes to improve diabetes control.

Newly Diagnosed Type 1...

- Referral to diabetes specialist nurse/practice nurse
Contact Name:.....
- Referral to dietician
Contact Name:.....
- Plan for diabetes follow up either with GP or
local secondary care clinic
Contact.....

An individual care plan should be made for you and if you use a health action plan all your care needs can be included in this.

Treatment...

- Insulin injections will be required.
- Assessment of the person's ability to accurately give insulin will be needed.
- Support in use of device chosen for delivery of insulin.
- If unable to self inject support may be needed. Personal carers may be taught how to give insulin. Injections are given into fat (legs/arms) you don't have to find a muscle or vein.

Information...

- Appropriate literature should be provided, this can be obtained via diabetes specialist nurse/practice nurse
- Other resources:
Diabetes UK care line telephone: 020 7424 103
Local groups may also provide support

Contact.....

Diabetes and Learning Disability...

It is helpful if someone who knows the person well attends appointments with them.

Other information...

An individual plan will be made for teaching you and your relative about diabetes. Communicating this information will require individual assessment depending on understanding.

It is helpful if you have ideas of what has worked before.

It is not necessary to give all the information at once and your team will decide with you what are the important areas to cover:

- Injections
- Testing
- Food
- Illness
- Screening

Injecting...

Getting into a good routine with injecting will help. You are injecting into the fat in either the outer legs, abdomen, buttocks or arms.

It is good to start by rotating these sites to avoid lumps which develop from repeated use. Picture cards and rotation cards are available to help with this,

Check the area each time before injecting. Needles should be disposed of in special yellow bins which are available on prescription. Collection of these bins will vary depending on your local area.



Environmental health contact.....

Timing of Insulin...

Depending on the individuals lifestyle an appropriate insulin regime will be chosen that minimizes changes to lifestyle patterns. The wishes of the person with diabetes need to be considered.

Once Daily...

This regime is sometimes used for those with type 2 diabetes who are starting insulin in addition to tablets.

Twice Daily...

This regime works well for those who have a predictable lifestyle. Depending on the persons preference insulin can be given with food or 30 minutes before food, with the appropriate insulin being used.

Four injections a day...

For those with a variable food intake. Insulin is usually injected with each main meal and a long acting insulin pre bed; this usually means the person requires two devices for giving insulin.

This regime works well for those who want a flexible lifestyle and who have variable food intake. Insulin is usually injected with each main meal and a long acting insulin pre bed; this usually means the person requires two devices for giving insulin.

Name of insulin.....

Timing of injections.....

Name of device.....

Needles.....

Test strips.....

Lancets.....

Testing...

To make sure the amount of insulin is correct a small blood sample is taken from the finger using a small pen device and a glucose meter.

This measures the amount of glucose in the blood and gives a reading, the results will vary throughout the day. Ideally the person with diabetes or their carers will be taught how to monitor their blood glucose levels themselves. Individual target levels will be agreed usually aiming for blood glucose levels between 4 to 9mmols.



These levels will vary over the day.

Agreed target level.....

- A meter may be available via the diabetes specialist nurse or practice nurse
- Remember to wash the hands before testing for accurate results.
- Check meter is coded if required
- Treatment will be adjusted on the basis of blood glucose readings

Hypoglycaemia (low sugar)...

This can only happen if the person is on treatment for their diabetes (sulphonyureas, e.g. glicizide or insulin) it does not happen on diet alone or with metformin. Hypoglycaemia occurs when the blood glucose drops below 4mmols.

Symptoms...

- Pale
- Sweaty
- Trembling/shaking/tingling lips
- Hunger
- Confusion/ change in temperament/aggression
- Dizzy/altered vision
- Headache
- Loss of consciousness
- Fit

Individuals may have one or more of these symptoms; until treated the symptoms will get worse.



Treatment...

- Stop activity
- Give glucose (either 3 glucose tablets or 50mls of lucozade or 100mls sugary drink)
- Follow with starchy food (e.g. bread/biscuit/fruit)
- Establish reason why hypoglycaemic.

Causes...

- Extra activity
 - Missed or delayed food or less food than usual
 - Too much medication
 - Alcohol
 - Lumpy injection sites
- Let diabetes team know.

Diabetes and Learning Disability...

At times it may be necessary to give sweet foods to increase the sugar level. It may be more acceptable to use glucose tablets rather than sweet food which may give confusing messages.

Looking after your feet...

Foot problems are common with people who have Diabetes. If it is uncontrolled diabetes can affect the nerves, causing loss of sensation or numbness, and can damage blood vessels, leading to poor circulation.

When the feeling is lost to the feet they can be damaged without you knowing it. A reduced blood flow to the feet cause pain and impair hearing.

You will have your feet examined when you are first diagnosed with Diabetes or when you have your annual review and be given a 'risk' category. Your Healthcare professional will assess the general condition of your feet, your sensation and what the circulation in them is like. If there are any problems, they will refer you to the appropriate person.

You can reduce the risk of developing problems with your feet by keeping your blood glucose and blood pressure levels under control, and looking after your feet.

Taking care of your feet...

- Examine your feet every day looking for breaks in the skin, discharge or inflammation.
- Cover any small cuts or blisters until they have healed.
- Contact your GP or Nurse if you notice any signs of swelling, heat, redness or pain.
- Applying a moisturising cream, such as E45, if you have dry skin around your heels. Try not to get any cream in-between your toes as this can make the skin too moist.
- Do not walk barefoot. When the feeling is lost to the feet they can be damaged without knowing it. A reduced blood flow to the feet can cause pain and impair healing.
- Keep feet at a constant temperature – do not sit too close to radiators of the fire and remove hot water bottles before getting into bed.

If you have loss of feeling in your feet you may not notice when your feet get too hot or cold.

- Make sure you don't put your feet into water that is too hot, test the temperature of water in your bath with your elbow, or ask someone to do this for you.
- Buy shoes that are the correct length, depth and width as they can cause damage and injury to your feet. Shoes with laces are a good choice as they hold your feet in place, avoiding rubbing and blisters.
- Wear socks made from cotton or wool mix; ensure they are free from bulky seams.
- Cut toe nails after a bath or shower when they are softer. Do not cut them too short and never cut the corner of the nail or dig down the side.
- If your feet are at high risk (you have lost the sensation in them or have poor circulation), use a nail file to shorten nails instead of cutting them.
- If you develop corns, hard skin, in-growing toe nails or other foot problems make an appointment to see a podiatrist. Your GP or Nurse will be able to give you more information on how you can access this treatment free of charge.
- If your feet are high risk, (loss of sensation or poor circulation) you should see a podiatrist regularly so they can check and treat your feet.



Eye care...

Damage to the eye from diabetes is called retinopathy high blood sugar levels can damage the blood vessels that supply the retina- this is the part of the eye that "sees"

Stopping damage...

Good control of blood sugar and blood pressure protects the eyes.

Screening...

All people with diabetes are offered a yearly eye screen with photographs taken of the blood vessels in the back of the eye

What to tell your relative...

you will be offered an appointment at a local clinic where the special cameras are based you will have eye drops put into your eyes so that the small blood vessels can be seen clearly having the photo of your eye does not hurt the eye drops can sting for a few minutes you need to be able to sit in front of the special camera and keep your head still for a good photograph

What can be done...

if there are any signs of damage to the eyes your doctor will talk to you about improving the control of your blood sugar to stop more damage some people may need laser treatment to stop further damage

Learning Disability...

Info for clients

Talk to me...

retinopathy = special eye photo



Education...

Education of people with diabetes is an on going process it is not necessary to give all the information at once.

Other areas that will be covered:

- Diet
- Medication
- Exercise
- Blood pressure
- Weight
- Screening
- Insulin
- Monitoring
- Foot care
- Illness



What care to expect...

An information booklet is provided. This is an information booklet provided free of charge by Diabetes UK and outlines what care those with diabetes should receive and what ongoing care to expect. Some areas offer education to people in groups.

Illness and Type 1 Diabetes...

During times of illness the blood glucose levels will vary. Closer monitoring of blood glucose levels during illness is required and temporary changes in medication may be necessary

- Monitor blood glucose levels 4-6 hourly.
- If glucose level above 15mmols check urine for ketones if positive seek medical advice.
- Give at least the usual amount of insulin (unless hypoglycaemic).
- Replace food with sweet drinks if unable to eat.
- Encourage sugar free drinks in between.
- Be prepared to give extra insulin.
- If unsure seek advice from GP or Diabetes team.

INSULIN SHOULD NOT BE STOPPED

Illness and Type 2 Diabetes...

- Monitor blood glucose levels 4-6 hourly (if testing blood glucose).
- Give usual diabetes medication (unless hypoglycaemic).
- Replace food with sweet drinks if unable to eat.
- Encourage sugar free drinks in between.
- Be prepared that insulin may be necessary temporarily.
- If unsure seek advice from GP or Diabetes team.

Other Resources...

Booklets in this series:

- Diabetes and insulin.
- Diabetes and learning disability professional carers information.
- Diabetes and tablets.

Diabetes UK produce both written and taped information about diabetes

www.diabetes.org.uk telephone: 020 7424 1000

NICE Guidelines on the management of diabetes. www.nice.org.uk

Communication resources have been developed for use individually or in groups.

Contacts...

Michelle Denyer
lead community diabetes specialist nurse
Derbyshire County PCT
01629 593024
michelle.denyer@derbyshirecountypct.nhs.uk



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