

**Healthier Lifestyle
Programme - Working
with South Asian
Groups**



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What the pack contains

In this pack you will find:

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Introduction to the programme

This pack has been produced by..., in partnership with Diabetes UK and the National Resource Centre for Ethnic Minority Health.

Who is the education for?

The sessions are intended for South Asian patients with Type 2 Diabetes.

Aims

The overall aims of the sessions are to ensure that participants have a good understanding of their diabetes and how a healthier lifestyle can improve their management of this.

What is covered in the sessions?

The main areas covered in the sessions are:

1. What is diabetes?
2. Diabetes and healthy eating
3. Diabetes and physical activity
4. Taking control of diabetes
5. Diabetes personal action plans

Outcomes

Increased knowledge

Weight management

Improvements in blood glucose control; HbA1c; blood pressure; cholesterol; lipids

Attendance annual review; retinopathy screening etc.

Follow-up

All patients who attend the programme are given personal action plans in the final session. There should be a follow-up with these patients 6 months after the sessions end.

About the Programme

Who can deliver this education?

The programme is designed to be run by two health professionals - a Diabetes Specialist Nurse and a Community Dietician. For some of the sessions other health professionals can also be involved e.g. podiatrist, community pharmacist, physical activity instructor.

Where should the sessions be held?

Ideally, the sessions should be in a venue that suits the community you are planning to invite e.g. community health centre; mosque etc.

How many sessions are there?

There are **3** core sessions - these should be offered to all groups. If you have access to cooking facilities you can run an additional session at the end to include a cookery demonstration.

How long should the programme run for?

The sessions should run over a 3-week period i.e. one session per week.

How long does each session last?

Each session should last about **2 hours** with lunch offered at the end of each session.

What size should the group be?

You should aim to have between **8-10** participants.

When should the sessions be run?

Sessions should be run in the morning (10am to 12pm) with lunch provided at the end.

Inviting participants to stay for lunch can be used for further education and discussion on healthy eating. It is also an important opportunity for getting to know the group members better.

If you are unable to run the sessions in the morning then the afternoon session should include a tea break (offer tea, fruit juice and fruit).

Before running the sessions

1. Know the make up of the group:

- Age
- Gender
- Ethnic origin
- Religion
- Main language spoken

2. If English is not the first language. You will then need to arrange for a **trained** interpreter (details given in appendix 1) to be present at all the sessions. Details on how to do this are given in appendix 1.

3. Have personal record cards ready for group members - see appendix 2.

4. Have all the resources and materials you will need for each session. Details are given in the overview of the sessions and in the 'Quick Guide' to the sessions.

On the day of the sessions

Set up the room ready for the session

Make sure laptop and projector are working

Have flipchart ready

Have measurement equipment ready and working

Make sure music and CD player are working

Have translated handouts ready

Have any food and drink ready

Remember, for every session:

1. You will need a **trained** interpreter. This interpreter should:

- Have experience of working with groups
- Have experience of interpreting in a health care setting
- Have some knowledge of diabetes and the terms used e.g. hypo. If the interpreter has no knowledge of diabetes it is important that you provide them with basic notes about diabetes and a glossary of terms before the day of the session.

2. You must always have fruit juice and glucose drinks/tablets in case someone has a hypo.

Overview of Session 1 - Introduction to Diabetes

Objectives for this session are that participants will:

- Know each other and the tutors
- Understand what diabetes is and the importance of managing it
- Understand the importance of Healthy Eating
- Have some diet and activity targets for next session

Plan for first session

1. Welcome and introductions.
Icebreaker
Discussion of the aims of this group; what to expect; main topics to be covered
Ground rules agreed with the group
 2. **Action** - Hand out the personal record cards,
 - Measure height, weight, waist and blood pressure.
 - Hand out knowledge assessment and diabetes management questionnaire.
 3. **Brainstorm** to find out level of knowledge about diabetes
What are the expectations of coming to this group.
 4. **Topics covered in session**
(a) What is Diabetes?
Risk factors; symptoms; treatments
Complications (feet, eye damage, kidney damage, heart attacks, strokes, circulation problems etc)

(b) Managing Diabetes - 5 key steps
Healthy Eating - discuss in this session
Physical Exercise - discuss in this session
Blood Glucose Testing - discuss in session 2
Blood pressure monitoring - discuss in session 2
Medication - discuss in session 2
- * **Tea break** (if running session in the afternoon)

(c) Healthy Eating & Physical Activity

Brainstorm 'what is healthy eating'.

Group discussion - advantages/disadvantages of healthy living & any barriers to healthy living.

(d) 'South Asian Balance of Good Health' poster

Discuss poster.

Discuss portion sizes - using pictures and/or examples

(e) Target setting for next session and hand out food & activity diaries.

5. End of session

Group discussion

Suggestions for next sessions

Action - do some physical activity with group e.g. dancing

*** Lunch** (if running session in the morning)

6. Resources needed

Trained interpreter

Height meter; weighing machine

Measuring tape; blood pressure monitor

South Asian Balance of Good Health poster

Meal plans - Healthy Eating, Eastern & Western Food Ideas

Record cards

Questionnaires

Food & activity diaries

Pencils

Music & CD player

Laptop

Power point projector

Flipchart & markers

Translated handouts

Physical activity instructor (if available)

Fruit juice and glucose drink/tablets in case someone has a hypo

Tea, fruit juice & fruit for tea break OR Food & drinks for lunch

A quick guide to Session 1 - Introduction to Diabetes

Content	Time	Slides	Resources needed
Introduce self & interpreter. Welcome everyone to the group & icebreaker. Discuss aims of the group. 1. Hand out personal record cards 2. Measurements - height, weight, waist & BP 3. Hand out questionnaires.	20 mins	Slide 1 Slide 2	Trained interpreter; laptop & power point projector; questionnaires; record cards; pencils; height meter; weighing machine; measuring tape; BP monitor
Brainstorm levels of knowledge about diabetes; expectations of coming to the group.	10 mins		Flipchart & marker
Discuss what is Diabetes?	20 mins	Slides 3-11	Translated handouts
Discuss key steps to managing diabetes.	5 mins	Slide 12	
* Tea break			Tea, fruit juice & fruit
Brainstorm <ul style="list-style-type: none"> • what is healthy eating/physical activity? • advantages & disadvantages of healthy living • barriers to healthy living 	10 mins	Slides 13-14	Flipchart & marker
Discuss ' South Asian Balance of Good Health' poster Discuss portion sizes using pictures or food samples.	25 mins	Slides 15-30	South Asian Balance of Good Health poster. Food samples or photos. Meal plans
Set personal targets for healthy eating and physical activity	5mins	Slide 31	Personal record cards Food & activity diaries
End of session Group discussion; suggestions for next session. Date, time & venue for next session. Group Physical activity - e.g. dancing	25 mins	Slide 32	Music & CD player
* Lunch			Food and drinks

* include a tea break if running sessions in afternoon OR have lunch at the end of session if running sessions in the morning

Session 1 - Introduction to Diabetes

Introduction

30 minutes

Welcome everyone to the group. (Slide 1)

Introduce yourself and interpreter.

Icebreaker: get to know the group; where they have come from; languages spoken; number of children; who cooks and shops; health concerns.

Group introduction

Ground rules - brainstorm from group e.g. punctuality, confidentiality, inform if unable to attend etc.

About the group

Discuss the purpose of the group; what to expect e.g. measurements, questionnaires, evaluations etc; main topics to be covered. (Slide 2)

Action - Hand out the personal record cards,
- Measure height, weight, waist and blood pressure.
- While doing the measurement ask participants to complete the knowledge assessment and diabetes management questionnaire.

Brainstorm to find out level of knowledge about diabetes

What are the expectations of coming to this group: e.g. What do you want to learn about? What do you need help with? Do you feel diabetes limits your daily life? What is the one thing that bothers you most about diabetes? etc.

Use flipchart & marker to write down expectations.

What is Diabetes?

20 minutes

Explain what diabetes is - use slides and additional notes (Slides 3-5)

Briefly explain Type 1 & Type 2 Diabetes - No such thing as 'mild' diabetes.

Symptoms (Slide 6)

- Increased thirst
- Going to the loo all the time - especially at night
- Extreme tiredness
- Weight loss
- Blurred vision
- Repeated skin infections or thrush
- Cuts, scratches and wounds slow to heal

Risk factors (Slides 7-8)

- Ethnic group
- Diabetes and age
- Diabetes runs in families
- Weight
- Diabetes and pregnancy

Treatments - diet, exercise, tablets, insulin injections. Discuss that there can be a progression through the treatments - see additional notes. (Slide 9)

Complications -feet, eye damage, kidney damage, heart attacks, strokes, circulation problems etc - see additional notes. Emphasise importance of going to annual review. (Slides 10-11)

5 minutes
(Slide 12)

Managing Diabetes - key steps to managing diabetes

Explain that there are a number of key things you can do to manage your diabetes:

- **Healthy Eating** - we will be talking about this in today's session.
- **Physical Activity** - we will talk about this in today's session.
- **Blood Sugar (Glucose) Testing** - Information & demonstration will be given in session 2
- **Keeping your blood pressure under control** -discussion about this in session 2
- **Medication** - discussion in session 2

Taking control - the aim of these sessions is to give participants the skills to take control of their diabetes.

Tea break - if running session in the afternoon

Have tea, fruit juice and fruit for group.

Healthy Eating & Physical activity

10 minutes
(Slides 13-14)

Group discussion:

What do you think of when you hear the term healthy eating?

What do you think of when you hear the words physical activity?

After initial discussion show physical activity slide

What are the advantages/ disadvantages of having a healthy lifestyle?

See additional notes on benefits

Are there barriers to having a healthy lifestyle?

See additional notes on barriers to physical activity and use if necessary.

Use flipchart & marker to write down key words from discussion.

25 minutes

Discuss 'South Asian Balance of Good Health' poster (Slide 15)

Fruit & vegetables - discuss - 5 portions a day
- what 1 portion is
- ideas on how to eat more fruit & vegetables.
(Slides 16-18)

Bread, Cereals, Chapattis, Rice & Potatoes - discuss how to include these with every meal; choosing types high in fibre; how much to have at each meal.
(Slides 19-20)

Pulses, Dahl, Fish & Meat - discuss 2 portions a day; what 1 portion is; best cooking methods. (Slide 21)

Milk & Dairy Foods - discuss 3 portions a day; what 1 portion is; using semi-skimmed and low fat varieties (give examples). (Slide 22)

Fatty Foods - discuss what these are; ways to cut down; (Slides 23-24)

Sugary Foods - discuss what these are; ways to cut down; alternatives to sugar.
(Slides 25-27)

Salt - Give tips on how to reduce the amount of salt; alternatives to salt e.g. herbs & spices (Slide 28-29)

Drinking - fill 8-10 glasses with water, explain that this is how much liquid a person should drink each day; discuss best ways to achieve this e.g. drinking water, diluting juice, fresh fruit juice, tea etc. (Slide 30)

Note:

- All of the information needed for the above session is contained in the 'South Asian Balance of Good Health' poster.
- There are slides for each topic with photographs of food examples.
- Make sure that you discuss portion sizes in this session - show examples of healthy meals (see slides..)

5 minutes

(Slide 31)

Target setting for next session: 1 healthy eating
1 physical activity

Discuss with individual participants what they think they could achieve - remember to set realistic targets. Also hand out food and activity diaries and ask group to fill in over the next week and bring to next session.

25 minutes

(Slide 32)

Group discussion - anything they didn't understand; any further questions

Suggestions for next session from group

Date/time/venue for next week's session

Physical activity - engage group in some form of physical activity e.g. music

Lunch (if running session in the morning)

Invite participants to stay for lunch - this can be used for further education/discussion on healthy eating. Is also a useful opportunity for getting to know the group members better.

Additional notes for session 1

1. What is diabetes?

1.1 Treatments - Type 2 diabetes is usually controlled by diet and physical activity or diet, physical activity and tablets.

It is important to stress to the group that:

- Type 2 diabetes is a long-term medical condition.
- Type 2 diabetes is not a 'mild' condition
- The progressive nature of Type 2 diabetes means that a change will be inevitable at some point. Give an example of this e.g. if you currently treat your diabetes with diet & physical activity you may need to start taking tablets; if you already take tablets you may need insulin injections.

1.2 Complications - It is important to stress to the group that there can be serious complications if diabetes is not treated.

1.2.1 Harm to your eyes

Explain that this is called Diabetic Retinopathy, and that nearly 1 in 5 people with Type 2 Diabetes have a significant level of this when they are diagnosed. It is caused when blood vessels in the retina become blocked, leaky or grow haphazardly. This then affects the way you see things.

Discuss type of eye check e.g.

- ◆ This is done at your local retinal screening unit (not at your GP practice), and should be done yearly
- ◆ Eye drops will be used to dilate your pupils to allow the back of your eye to be checked for changes due to diabetes
- ◆ The eye drops may affect your sight for so you may need someone to take you home. You will not be able to drive until your sight returns to normal 3 hours later
- ◆ Take sunglasses as your eyes will be sensitive to light
- ◆ A photograph of the back of your eye will be taken and stored on computer, so next time the pictures can be compared

If you are found to have eye problems you will be referred to an eye specialist.

Emphasise the importance of having your eyes checked once a year - ask group if they have had their eyes examined and if they have an eye specialist. Also say that if they think there are any problems in between their yearly appointments that they must see their eye specialist straight away.

1.2.2 Problems with your feet

Explain that diabetes can damage the nerves in your feet and legs and this nerve damage is called neuropathy.

Symptoms of neuropathy include: numbness, burning, tingling or pain.

Explain that diabetes can also affect your circulation by clogging up the arteries and that this can affect the blood vessels supplying your feet.

Symptoms include: cuts and sores not healing very well (because there is not good blood supply); cramp and pain in your legs and/or feet (because of poor circulation).

Explain that it is very important to look after your feet and that there will be a session on how to do this next week.

1.2.3 Damage to your kidneys

Explain that this is called renal disease or nephropathy, and that nearly one-third of people with diabetes may develop this.

It happens when there is damage to the tiny blood vessels which supply the kidneys.

Explain that there are no obvious symptoms in the early stages and for this reason it is important to make sure that urine is tested for protein at least once a year. Ask whether they have had this done.

1.2.4 Problems with your heart and strokes

Explain that having diabetes means that you are at risk of having problems with your heart or having a stroke.

This happens when there is partial blockage of the blood vessels of the heart or narrowing of the blood vessels that supply the brain.

1.2.5 Annual check up

Explain it is important to have a yearly medical examination to check: weight, BP, feet & legs, blood glucose and cholesterol levels. It is also important to have a healthy lifestyle - eating healthily, physical activity, keeping a healthy weight, stopping smoking.

2. Physical activity

2.1 Ideas

There are many types of physical activity: exercise, sport, play, dance and active living such as walking, housework and gardening. Choose an activity that you enjoy and that you are able to do on a regular basis.

You should try to build up to 30 minutes of physical activity a day for 5 days each week. You don't have to do the 30 minutes all at once - this can be spread across the day e.g. three 10 minute walks. Try and do the activity (e.g. walking), at a pace that makes you slightly breathless but still able to talk.

2.2 Benefits

- Helps relieve stress and anxiety and makes you feel better
- Helps lower blood pressure
- Can improve cholesterol levels
- Burns calories so can help you lose weight
- Helps keep blood sugar (glucose) down by reducing insulin resistance
- Helps keep your heart healthy

2.3 Barriers

"I don't like doing exercise"

You don't have to exercise to be more physically active. You can be more active and get fitter by doing everyday activities that suit you e.g.

- walking instead of using the car
- housework
- using stairs instead of lifts
- cutting the grass
- dancing

"I don't have time to do exercise"

You don't have to do exercise for a long time all at once. You can do small bits throughout the day.

"I don't want to be any more physically active"

By being more physically active your health and fitness will get better.

"I have to look after my family"

You can be more physically active while doing this e.g. walking your children to school instead of taking the car.

"I don't know how to become more physically active"

The best way to start is to have an action plan. Use this to write down any activities you do. Set yourself one goal for the first week e.g. walk the children to school 3 times this week.

Be flexible, if you don't manage to do this on one day (e.g. because of the weather or you were running late) then try and fit in an alternative e.g. walk to the shops; use stairs instead of lifts etc.

If you don't manage all your goals - don't give up, look at what you have achieved, then build on this the following week.

When you have achieved your goals look at other ways you could become more physically active in your daily life - don't try and do too much too soon. Make sure that you can achieve your goals regularly before setting yourself new ones.

2.4 Physical Activity & Calories

How to burn up 100 calories (this has to be in addition to what you normally do each day)

Cleaning the house	25 minutes
Decorating (in the home)	33 minutes
Gardening (digging)	12 minutes
Gardening (weeding)	28 minutes
Ironing	50 minutes
Jogging (slowly)	12 minutes
Shopping	25 minutes
Stair climbing	9 minutes
Swimming (slow)	12 minutes
Vacuum cleaning	22 minutes
Walking (slowly)	25 minutes
Washing dishes	50 minutes

Overview of Session 2 – Taking Control of Your Diabetes (1)

Objectives of session 2

Objectives for this session are that participants will:

- Understand the importance of Blood Glucose Testing and Blood pressure control in managing their diabetes.
- Understand the importance of looking after their feet
- Understand the medications they are taking

Plan for session 2

1. Welcome & introduce new health professional(s)
(podiatrist/pharmacist)

2. Feedback from previous session
Advantages/disadvantages of healthier lifestyles
Barriers to reaching targets

3. Topics covered in this session

(a) Blood glucose testing

- discuss importance, how & when to do this

(b) Blood Pressure checks

- discuss importance & how often this should be checked

(c) Podiatry input

- discuss the importance of looking after your feet plus demonstration.

(d) Medication

- discuss any medications taken by group (community pharmacist could do this if available)

* **Tea break** (if running session in afternoon)

4. Diabetes and your daily life

Your family	Eating out
Religion	Smoking
Travel	Alcohol
Driving	Employment

5. Review of personal targets

6. End of session

Group discussion
Suggestions for next session
Action - Physical activity

* **Lunch** (if running session in morning)

7. Resources needed

Equipment for blood glucose testing
Blood pressure monitor
Trained interpreter
Podiatrist
Community Pharmacist (if available)
Music & CD player
Laptop
Powerpoint projector
Flipchart & marker
Translated handouts
Fruit juice, glucose drinks & tablets in case someone has a hypo
Tea, fruit juice & fruit for tea break OR Food & drinks for lunch

A quick guide to Session 2 - Taking Control of Your Diabetes (1)

Content	Time	Slides	Resources needed
Welcome everyone back. Introduce new health professional	5 mins	Slide 33	Trained interpreter; laptop & power point projector
Group discussion - feedback from previous session; advantages & disadvantages of healthier lifestyles; barriers to reaching targets. What we're going to talk about today	10 mins	Slide 34 Slide 35	Flipchart & marker
Blood glucose testing - find out current knowledge within the group; discuss importance; how & when to do this.	20 mins	Slide 36	Blood glucose testing equipment
Blood pressure checks - discuss importance & how often this should be checked	10 mins	Slide 37	Blood pressure monitor
Podiatry input - discussion plus demonstration.	20 mins	Slides 38-39	Podiatrist
Medication - discussion of medicines taken by group for diabetes (could have input from community pharmacist if available)	15 mins	Slide 40	Community pharmacist if available
* tea break			Tea, fruit juice & fruit
Discuss Diabetes and daily life - your family - religion - driving - travel - employment - eating out - alcohol - smoking	25 mins	Slides 41-50	Translated handouts
Review of personal targets	5mins	Slide 51	Personal record cards
End of session Group discussion; suggestions for next session Date, time & venue for next session Group physical activity	10 mins	Slide 52	Music & CD player
* Lunch			Food and drinks

* include a tea break if running sessions in afternoon OR have lunch at the end of session if running sessions in the morning

Session 2 - Taking Control of Your Diabetes (1)

15 minutes
(Slides 33-35)

Welcome and introduce new health professional

Feedback from previous session

Discuss

- Advantages/disadvantages of healthier lifestyles
- Barriers to reaching targets

(use flipchart & marker)

20 minutes
(Slide 36)

Blood sugar (glucose) testing

Find out how many of the group do this at home; find out levels of knowledge about this.

Depending on levels of knowledge:

- explain what blood sugar testing is
- explain the importance of this in reducing the chances of developing the complications of diabetes
- demonstrate how to do this at home
- explain when this should be done & levels before and after meals
- discuss the importance of learning how food, activity and medicines can affect blood sugar levels
- discuss difference between testing blood sugar at home and having HbA1c levels checked when you see your doctor/nurse

See additional notes

10 minutes
(Slide 37)

Blood pressure checks

Explain the importance of keeping blood pressure under control to reduce the chances of developing the complications of diabetes. Discuss ways of doing this e.g. healthy eating; physical activity; not smoking.

Discuss Blood pressure levels within the group (from personal record cards).

Discuss what the general target should be - 140/80 mmHg.

If appropriate discuss medicines to keep blood pressure under control.

Discuss how often blood pressure should be checked.

Looking after your feet

20 minutes

(Slides 38-39)

Input from podiatrist including demonstration -

- Why it's important to look after your feet
- how to look after your feet

See additional notes

Medication

15 minutes

(Slide 40)

Find out any medications taken by group.

Discuss importance of these medications and taking medicines at the correct time. Ask whether there are any questions about medicines taken.

(Community pharmacist could do this session if available)

See additional notes

Tea break - if running session in the afternoon

Have tea, fruit juice and fruit for group.

Diabetes and your daily life

25 minutes

(Slides 41-50)

Discuss the following with the group:

Your family	Employment
Religion	Eating Out/Celebrations/Festivals
Travel	Smoking
Driving	Alcohol

Sexual Health - see additional notes

Your family

(Slide 42)

Get your family involved:

Shopping for healthy foods

Cooking healthy meals

Doing physical activities with you e.g. going for walks

Having the same healthy lifestyle as you

Being interested in your diabetes

Listening and talking to you about how you're feeling

Religion

(Slide 43)

Find out how many of the group fast for religious reasons. If some of the group do fast, then discuss fasting and looking after their diabetes.

Discuss

- Although people with diabetes may not be expected to fast we know that many of you will wish to fast. You should be able to fast safely as long as you talk to your doctor or nurse before you start your fast and agree a plan with them giving you advice on fasting; medicines and the end of the fast.

- If diabetes is treated by diet only, fasting should not cause any problems.

- If you take tablets you will need to check with your doctor or nurse about when to take your medicines and how much to take.

- At the end of the fast you may want to eat a lot of starchy food such as rice and have more sugary drinks. This will make your blood sugar rise so again talk to your doctor or nurse about what you should do.

Driving

(Slide 44)

You must tell your motor insurance company that you have diabetes.

If you take tablets or insulin you must, by law, tell the DVLA. You can write to them at:

DVLA
Swansea
SA99 1TU

Ask if there are any questions about driving.

Travel

(Slides 45-46)

Ask group about whether they ever travel abroad.

Discuss tips for travelling. Include the following:

- Keep to your usual meal, activity and medication routines as much as you can.
- Plan ahead for any changes to your meal times (when crossing time zones etc.)
- Keep your medicines and medical equipment with you when travelling
- Take extra medicines with you and prescriptions
- Keep food and some sort of sugar with you when travelling (biscuits, cereal bars, sandwiches, cartons of unsweetened fruit juice, glucose tablets, boiled sweets)
- Take a signed letter from your doctor with you explaining your treatment
- Know how to get emergency help in the country you are travelling to
- Money for the country you are going to so you can buy food and drink

Ask if there are any questions about travelling.

Further information is available in Diabetes UK 'Travel and Diabetes' booklet

Employment

(Slide 47)

Discuss employment with the group e.g. what jobs they have; any difficulties because of their diabetes. Ask if there is anything they would like to talk about. Use the following information if applicable:

Some jobs have blanket bans e.g. Airline Pilot; Jobs requiring a Large Goods Vehicle (LGV) or Passenger Carrying Vehicle (PCV) license; Fire Service; Police Service; Train driving; Working at heights; Armed Forces

At work - be prepared to treat a hypo at work; let colleagues know how they can help

Taking time off - Try to arrange medical appointments for the same morning; give good notice of any absences you know about; keep your employer informed; don't blame diabetes if you are off for any other reason; seek prompt medical attention.

Applying for jobs - if the application has a section about health write that you have diabetes. If there is no section on this, tell whoever interviews you at the end of the interview. Answer any queries about your diabetes honestly and positively. Show that you are in control of your diabetes.

Eating out, Special occasions & Festivals

(Slide 48)

At many festivals or special occasions a larger variety of foods will be available.

Discuss:

How often group eat out, go to special occasions or festivals.

Ask about the types of foods available.

Discuss ways eating healthily even during these occasions.

Recommend that they talk to their dietitian about special occasions, festivals and eating out, if they want further advice about these occasions.

Alcohol

(Slide 49)

If you drink alcohol keep to sensible limits

- Men - maximum 4 units a day
- Women - maximum 3 units a day

Have at least 2 alcohol free days a week

Smoking

(Slide 50)

Discuss risks of smoking & diabetes.

Smoking:

- damages you blood vessels
- increases your chances of a heart attack, stroke and damage to your feet or legs

Smoking and having diabetes increases the risk of the above by up to 4-9 times.

Discuss benefits of giving up smoking.

Arrange referrals to practice if applicable.

Sexual health - see additional notes

Review of personal targets

5 minutes (Slide 51)

Ask how group managed; set new/keep targets same targets for next session.

Quick review of diaries, ask group to keep diaries for coming week and to bring to next session.

10 minutes (Slide 52)

Group discussion - anything they didn't understand; any further questions

Suggestions for next session from group

Date/time/venue for next week's session

Physical activity - engage group in some form of physical activity e.g. music and dancing

Lunch - if running session in morning.

Additional notes for session 2

1. Blood Sugar (Glucose) Testing

Explain to the group that keeping good control of blood sugar (glucose) levels and blood pressure (see below) greatly reduces the chances of developing the complications of diabetes.

Discuss the different types of testing:

- At home
- At the doctor's

At home

Explain that this gives an accurate picture of blood sugar at the time of the test.

Discuss how to do this - give a demonstration if possible.

Discuss when this should be done and how often.

Explain that the target is to have blood sugar (glucose) levels of:

- 4 - 7 mmol/l before meals
- Under 10 mmol/l after meals

Discuss the importance of learning how food, activity and medicines can affect your blood sugar (glucose).

Discuss getting occasional high or low results. Possible reasons include:

- Getting a high result after a hypo because you have eaten extra carbohydrate or glucose to treat it.
- Having an illness can affect the results.
- Extra physical activity can cause a low reading.
- Stress and hot weather can also affect the results.

However, if levels are consistently high or low you will need to talk to your doctor or nurse.

Discuss the importance of testing regularly even if all your tests are satisfactory over a long period of time and you are getting fed up doing it.

At the doctor's (HbA1c)

Explain that when you have a diabetes check up, a blood sample for the HbA1c is taken. This test is different to the one at home because it lets you know what your average blood sugar level has been over the past 3 months. A result of 7% or below is the target.

2. Looking after your feet

2.1 Why do I need to look after my feet?

Diabetes can cause damage to your feet and legs.

Spending a few minutes each day looking after your feet can help stop problems in the future.

2.2 How do I look after my feet?

There are 7 things you can do:

- Look at & feel your feet every day
- Wash your feet every day
- Be careful not to burn your feet
- Make sure your toenails are short
- Look out for corns and callous
- Check your shoes & socks before putting them on
- Don't smoke

2.2.1 Looking at and feeling your feet

Look at your feet to see if there are any:

- Cuts
- Scratches
- Swellings

Or to see if the skin looks:

- inflamed
- discoloured

If you can't see very well ask someone else to look for you.

Feel your feet for:

- lumps
- swellings
- hot or cold spots

What do I do if I find anything?

Contact your podiatrist or your doctor.

If it's a cut or a scratch keep this clean until you can see your podiatrist or doctor. Make sure you rinse it with water and put a plaster on.

2.2.2 Wash your feet every day

- use lukewarm water and mild soap
- dry your feet well but gently
- don't forget to dry between your toes
- put moisturising cream on your feet but not between your toes

2.2.3 Be careful not to burn your feet

Many people who have diabetes cannot feel heat, cold or pain very well in their feet.

Because of this you must be extra careful not to burn your feet.

- don't put your feet too near a fire or against a radiator
- always check how hot your bath is by using your elbow before you get in
- be careful using hot water bottles
- remember to turn off an electric blanket before going to sleep

2.2.4 Keeping your toenails short

- cut your toenails straight across
- don't cut or 'dig' into the corners of your nails

If you have any problems cutting your nails OR if there is reduced feeling or circulation in your feet ask your podiatrist for help.
If in doubt always ask for advice.

2.2.5 Corns and callous

Don't try to treat yourself.

Don't cut them.

Don't use corn remedies

Always ask your podiatrist to treat these

2.2.6 Check your shoes and socks before putting them on

Check your shoes and socks or stockings for damage every time you put them on. Remember any cracks, small stones, broken toenails can irritate and damage your skin.

What type of shoes should I wear?

Lace-ups, with soft uppers are a good choice.

Always make sure that any shoes you wear are a good fit and are roomy at the toes (this lets your foot muscles work properly and stops your foot rubbing).

Always get your feet measured when buying shoes.

Wear new shoes for 1-2 hours at first

2.2.7 Don't smoke

Smoking can make circulation problems worse.

Ask for advice and leaflets on how to stop smoking at your health centre.

3. Medication

Discuss whether anyone in the group is currently taking medication for diabetes.

For those who are not currently taking medicines for diabetes

Explain that diabetes is a progressive disease and that at some point they may be prescribed tablets/insulin for their diabetes. It is therefore important to talk about medicines with everyone in the group.

For those who are taking medicines:

Make sure group members understand the medicines they are taking.

Discuss how sometimes it can be difficult for someone to take all their tablets regularly. Reasons include

- remembering to take the tablets (give advice on ways to do this)
- not understanding how the tablets help (explain this)
- side effects (discuss)
- feeling unwell (discuss)

Discuss diabetes tablets and other medicines

What to do if you forget to take a tablet

What to do when you are unwell

Explain to everyone that tablets are not used instead of diet and physical activity - you still need to have a healthy diet and be physically active to take control of your diabetes.

Moving on to insulin

Explain that even if you have a healthy diet and take your diabetes tablets there may come a time when your diabetes control is not as good as it was and your doctor will recommend insulin. Again mention that it is a progressive disease and it will change over time. About 30% of people with Type 2 diabetes treat it with insulin injections.

Discuss feelings about this - feeling scared, feeling guilty that they hadn't controlled their diabetes better etc.

Discuss any concerns about using insulin and your religious beliefs or if you are a strict vegetarian. Most insulin prescribed today is genetically engineered 'human' insulin, which doesn't involve the use of any animal or human products. Tell group that they should raise any concerns about the type of insulin prescribed with the doctor who prescribes it.

4. Diabetes & your daily life

Sexual health - as this is a sensitive topic you may feel that it is not appropriate to discuss this in a group setting. Ensure that information about this is given to the group in leaflet form with details of a confidential contact for further advice and help.

Overview of Session 3 - Taking Control of Your Diabetes (2)

Objectives of session 3

Objectives for this session are that participants will:

- Understand what a hypo & hyper are and how to treat these
- Know what to do when they are unwell
- Understand the feelings they may have and how to deal with these
- Have personal action plans to manage their diabetes

Plan for session 3

1. Welcome
Feedback from previous session
2. **Action** - weight measurement
3. **Topics covered in this session**

(a) Diabetes out of control

Hypo
Hyper
Sick day rules
When to get medical help

(b) Diabetes and how you are feeling

Depression
Stress
Loneliness

(c) Personal action plans

- included in appendix. Review of personal targets and setting of personal action plans (these will be reviewed in 6 months at the follow-up)
Hand out knowledge and behaviour assessment questionnaire

* **Tea break** - if running session in afternoon

(d) Diabetes information

Where to find out more

4. End of session

Group discussion

Follow up: 6 months

Evaluation of sessions

Physical activity

* **Lunch** - if running session in morning

5. Resources needed

Trained interpreter

Weighing machine

Questionnaires

Evaluation sheets

Pencils/pens

Music & CD player

Laptop

Powerpoint projector

Flipchart & marker

Translated handouts

Fruit juice, glucose drinks & tablets in case someone has a hypo

Tea, fruit juice & fruit for tea break OR Food & drink for lunch

A quick guide to Session 3 - Taking Control of Your Diabetes (2)

Content	Time	Slides	Resources needed
Welcome everyone back. Feedback from previous session Weight Measurements	10mins	Slides 53-54	Trained interpreter; laptop and power point projector; weighing machine
Diabetes out of control, discuss - Hypo - Hyper - Sick day rules - When to get medical help	20 mins	Slides 55-56	Translated handout
Diabetes and how you are feeling, group discussion - Stress - Depression - Loneliness	20mins	Slide 57	Flipchart & marker
Discuss with individuals their personal action plans. Hand out knowledge & behaviour assessment questionnaires to be completed while discussing personal action plans with individuals.	25 mins	Slide 58	Personal action plans Questionnaires; pencils/pens
Tea break			Tea, fruit juice & fruit
Diabetes information - where to find out more	5 mins	Slide 59	
End of session Group discussion & questions; Discuss follow up in 6 months Evaluation questionnaire Group physical activity	25 mins	Slide 60	Evaluation sheets Music & CD player
Lunch			Food and drinks

* include a tea break if running sessions in afternoon OR have lunch at the end of session if running sessions in the morning

Session 3 - Taking Control of Your Diabetes (2)

<p>Welcome</p> <p>Feedback from previous session</p> <p>What we're going to do today</p> <p>Action - weight measurements</p>	<p>10 minutes (Slides 53-54)</p>
<p>Diabetes out of control</p> <p>Hypo - explain what this is & symptoms, what can cause it and how to treat.</p> <p>Hyper - explain what this is & symptoms; what can cause it and how to treat.</p> <p>Sick day rules - explain that blood glucose goes up when you are ill; give examples of illnesses that can cause this; discuss the best way to keep diabetes under control during an illness.</p> <p>When to get medical help - discuss importance of getting help when unwell.</p>	<p>20 minutes (Slides 55-56)</p>
<p>Diabetes and how you are feeling</p> <p>Discuss feelings with group e.g. feelings they had when initially diagnosed; how they are feeling now.</p> <p>Explain stages that people go through when told they have a lifelong medical condition - denial; anger & fear; sadness & depression; feeling hopeful</p> <p>Also discuss: Stress can cause blood sugar to rise.</p> <ul style="list-style-type: none">Feelings of lonelinessStress & depression <p>See additional notes</p>	<p>20 minutes (Slide 57)</p>
<p>Personal action plans</p> <p>Review targets set last week. Collect food and activity diaries</p> <p>Fill out personal action plans for each individual in the group - these will be reviewed at the 6 month follow-up.</p> <p>Hand out 'Knowledge and behaviour assessment' questionnaire and ask participants to complete while you are discussing personal action plans with each member of the group.</p>	<p>25 minutes (Slide 58)</p>

Tea break - if running session in the afternoon

Have tea, fruit juice and fruit for group.

5 minutes

Diabetes information

(Slide 59)

Where to find out more.

Give details of Diabetes UK Scotland - phone number; web address.

25 minutes

(Slide 60)

Group discussion - any final questions? anything that was difficult to follow.

Explain that there will be a follow up in 6 months

Hand out evaluation sheets and ask participants to complete.

Group Physical activity

Lunch - if running session in the morning

Additional notes for session 3

1. Diabetes out of control

1.1 A Hypo - Low blood sugar (hypoglycaemia)

Symptoms

Hungry	Trembling	Sweating	Tingling of the lips	Anxious	Irritable
Fast heartbeat	Blurred vision	Paleness	Mood change	Can't concentrate	Vague

Causes

Not enough food	Too much insulin or too many tablets	Too much or unplanned exercise
Delayed or missed meal or snack	Drinking alcohol without food	Sometimes there is no obvious cause

Action

Straight away	Follow up (within 30 mins)
<p>Take one of the following:</p> <ul style="list-style-type: none">• A glass of Lucozade or coke (not 'diet' drinks)• 3 or more glucose tablets• 5 sweets e.g. barley sugar• 1 glass of fruit juice <p>The exact amount will vary from person to person and will depend on circumstances</p>	<p>To stop the blood glucose from dropping again, have one of the following:</p> <ul style="list-style-type: none">• A sandwich• Fruit• A bowl of cereal• Biscuits and milk <p>Or your next meal if it is due</p>

1.2 A Hyper - high blood sugar (hyperglycaemia)

Symptoms

Very thirsty	Hungry	Tired	Blurred vision
Dry skin	Feeling sick	Needing to go to the loo a lot	

Causes

Action

Too much food	Check your eating pattern. Talk to your dietitian.
Illness	You may have a cold, throat, urine or chest infection. See your doctor to make sure it is treated.
Not enough insulin	Check that you have taken your doses correctly. If you have, see your doctor to talk about your medicines.
Stress	Try to reduce stress in your life, talk to your doctor or nurse about this.

1.3 Sick day rules

Illness and infections will raise your blood sugar levels - even if you're not eating as much or are being sick.

e.g. colds, bronchitis and flu
 vomiting and diarrhoea
 urinary infections
 skin infections

What to do when you're ill:

- Don't stop taking your tablets or insulin
- Drink lots of unsweetened fluids
- Try to have some sort of carbohydrates
- Test your blood sugar

When to get medical help

You will need to call your doctor or nurse if:

- You are vomiting or not able to keep your tablets down
- Your blood sugar levels remain high or low
- You don't improve quickly or you are worried

Easy-to-eat carbohydrates when you're feeling unwell:

- Milky drinks
- Soup
- Ice-cream
- Drinking chocolate
- Squash or fizzy drinks

2. Diabetes and how you are feeling

2.1 Talk with the group about the different feelings you may have as you come to terms with having diabetes.

- Denial
- Anger and fear
- Sadness and depression
- Loneliness

Explain that these feelings can cause stress. Stress can make your blood sugar go up.

Suggest some ways to work through your feelings:

Learn as much as you can about diabetes

Talk to friends & family or other people with diabetes

Talk to those looking after your diabetes e.g. doctor, nurse

Do something active most days

2.2 Discuss stress and depression in more detail, include the following:

Stress

Know the symptoms of stress - key indicators

Managing stress

Stress and unhealthy behaviours - smoking, drinking alcohol, over-eating

Learning to relax

Depression

Know the symptoms of depression

Managing depression

When to get help for depression

2.3 Find out if anyone in the group would like help in dealing with stress or depression.

Appendices

1. Translation/Interpreting services

2. Resources:

- Pre-education questionnaire
- Post-education questionnaire
- Evaluation sheet
- Personal record cards
- Food & activity diary
- Personal action plans

3. Ordering information for handouts etc.

- South Asian Balance of Good Health Poster
- Translated diabetes materials

4. Glossary

5. References

Appendix 1 - Interpreters

Before you book an interpreter find out:

- Which language and any specific dialects of the group
- Any gender requirements/cultural needs of the group

Tell the interpreting service/the interpreter:

- That it is a group structured education programme - preferable to have an interpreter with some experience of interpreting in a group setting
- That you will need the same interpreter for all 3 sessions and the expected length of each session
- What the purpose of the group is and that you will be discussing diabetes (Arrange for materials about diabetes to be sent to the interpreter before the sessions if required)

Before the first session

- Meet with the interpreter shortly before the start of the session to brief them on what they will be required to interpret, check they understand about diabetes and any terminology you will be using e.g. hypo. Make sure they are comfortable with any sensitive or cultural issues that may arise during the group
- Define the interpreter's role and responsibilities

During the sessions

- Check seating arrangements - make sure everyone can see each other
- Speak directly to the group, not the interpreter
- When someone in the group is speaking show, by your body language, that you are listening
- Speak in manageable chunks, make sure you give the interpreter enough time to translate
- Use as much straightforward language as you can - avoid jargon

Remember to check:

- That the interpreter understands the purpose of the group sessions
- That you are using simple jargon-free language
- That the interpreter is translating exactly what you and members of the group are saying
- That you are allowing the interpreter enough time to translate

Where to find an interpreter

Aberdeen City Council Public Interpreting and Translation Service

Community Development Department, St Nicholas House,
Broad Street, Aberdeen AB10 1GZ
Telephone: 01224 523542
Fax: 01224 522832
E-mail: Fnacef@commdev.aberdeen.net.uk
Web: www.aberdeencity.gov.uk

Dundee Translation and Interpreting Services

Central Library, The Wellgate Centre, Dundee
Telephone: 01382 431563
Fax: 01382 431542
E-mail: lesley.johnstone@dundeecity.gov.uk

Edinburgh - The Interpretation and Translation Service

Central Library, George IV Bridge, Edinburgh, EH1 1EG
Telephone: 0131 242 8181
Fax: 0131 242 8009
E-mail: van.dundas@edinburgh.gov.uk

Falkirk Council (Interpreting Services are currently provided by contract)

Municipal Building, Falkirk, FK1 5RS
Telephone: 01324 506012
Fax: 01324 506253
E-mail: Shamime.Mansoori@falkirk.gov.uk

Fife Community Interpreting Service

Room 319, Glenrothes House, Glenrothes, Fife KY7 5PB
Telephone: 01592 611 745
Fax: 01592 612 722
E-mail: fcis@fcis.fsbusiness.co.uk info@fcis.org.uk
Web: www.fcis.org.uk

Glasgow Interpreting Services

39 Napiershall Street, Glasgow, G20 6EZ
Telephone: 0141 341 0019
Fax: 0141 334 7276
E-mail: serjinder.singh@sw.glasgow.gov.uk

Appendix 2 - Resources

- 1. Your diabetes questionnaire 1 (pre-education)**
- 2. Your diabetes questionnaire 2 (post-education)**
- 3. Weekly food and activity diary**
- 4. Personal health records**
- 5. Evaluation sheet**
- 6. Personal action plans**

Your diabetes questionnaire (1)

Name

Name of person who filled in the form (if not you)



About the form

We want to find out what you know as this will help us manage your health better.

Be honest and try to answer all the questions.

If you don't understand a question please ask for help.

How to fill in the form:

If there is a box please tick your answer ✓

If there are numbers *1, 2, 3, 4, 5* please circle the number

2

1. How good is your knowledge of diabetes? (please  your answer)

	Very good	
	Good	
	OK	
	Not very good	
	I don't know anything about diabetes	

2. Do you know the symptoms of diabetes? Yes No Please  your answer

If yes, write down the symptoms you know about.

3. Please tell us anything else you know about diabetes.

4. Do you know what a 'hypo' is? Yes No Please  your answer

5. How much do you know about a hypo? Please  your answer

A lot	Quite a lot	Not sure	Not very much	Nothing
1	2	3	4	5

6. Please  the answer that best describes you

	I know how to manage a hypo	
	I'm not sure of how to manage a hypo	
	I don't know how to manage a hypo	

7. Please tell us what you know about a hypo is and how you would manage it.

8. Tell us if you think the statements below are true or false
Please  the number.

	True	False	Don't know
A carefully planned diet is one way that can help you manage your diabetes	1	2	3
Eating too much sugar causes diabetes	1	2	3
People with diabetes should not be physically active	1	2	3

9. Diabetes is a life long condition that can lead to other health problems.
Please tell us any health problems you think it might cause.

10. How good do you think your diabetes control is?



	Very good	
	Good	
	OK	
	Not very good	
	Not good at all	
	Don't know	

11. Please tell us the things you would like to know more about.

Thank you for completing the form

Your diabetes questionnaire (2)

Name

Name of person who filled in the form (if not you)



About the form

We want to find out what you know after taking part in the Healthy Living Programme. This will help us manage your future care.

The questions are like the ones you filled in at the start of the sessions.

Be honest and try to answer all the questions you can.

If you don't understand a question please ask for help.

How to fill in the form:

If there is a box please tick your answer ✓

If there are numbers ^{1, 2, 3, 4, 5} please circle the number

2

1. How good is your knowledge of diabetes? (please ✓ your answer)

	Very good	
	Good	
	OK	
	Not very good	
	I don't know anything about diabetes	

2. Do you know the symptoms of diabetes? Yes No Please ✓ your answer

If yes, write down the symptoms you know about.

3. Please tell us anything else you know about diabetes.

4. Do you know what a 'hypo' is? Yes No Please ✓ your answer

5. How much do you know about a hypo? Please ○ your answer

A lot	Quite a lot	Not sure	Not very much	Nothing
1	2	3	4	5

6. Please  the answer that best describes you

	I know how to manage a hypo	
	I'm not sure of how to manage a hypo	
	I don't know how to manage a hypo	

7. Please tell us what you know about a hypo is and how you would manage it.

8. Tell us if you think the statements below are true or false
Please  the number.

	True	False	Don't know
A carefully planned diet is one way that can help you manage your diabetes	1	2	3
Eating too much sugar causes diabetes	1	2	3
People with diabetes should not be physically active	1	2	3

9. Diabetes is a life long condition that can lead to other health problems.
Please tell us any health problems you think it might cause.

10. Following the healthy living sessions, which statements best describe you? ✓

I am more physically active	
I am planning to take up some form of regular physical activity	
There is no change in my physical activity	
I have changed my eating habits	
I am planning to change my eating habits	
I am not changing my eating habits	

11. How good do you think your diabetes control is? ✓

	Very good	
	Good	
	OK	
	Not very good	
	Not good at all	
	Don't know	

12. Please tell us the most useful thing you have learned from the sessions.

Thank you for completing the form

My health - record card

Name

Date of birth

Date			
Height			
Weight			
Waist			
Blood pressure			

My personal targets

Week 1	
Food target	
How I did	
What made it hard	
What helped me	
Physical activity target	
How I did	
What made it hard	
What helped me	

Week 2	
Food target	
How I did	
What made it hard	
What helped me	
Physical activity target	
How I did	
What made it hard	
What helped me	
Week 3	
Food target	
How I did	
What made it hard	
What helped me	
Physical activity target	
How I did	
What made it hard	
What helped me	

Name:

Date:



	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Breakfast							
Snacks during morning							
Lunch							
Snacks during afternoon							
Evening meal							
Snacks during evening							
Any alcohol							
Physical activity							



Fill in everything you eat or drink. Try and write in how much you had e.g. 1 cup of tea, 1 can of coke, 2 chapattis, 1 portion of rice etc. Don't forget to include snacks and any alcohol. Remember to also write about any extra physical activity you do each day.

Evaluation sheet & personal action plans to be inserted....

Appendix 3 - How to order the resources

1. South Asian Balance of Good Health Poster

Copies are available from John McCormick & Co. Ltd.

Telephone: 0141 429 9405

Quote reference number: 9021 09/04

2. Healthy Eating: Eastern and Western food ideas

Vegetarian and non-Vegetarian Meal plans

Available in English,

Copies are available from.

Telephone:

3. Diabetes UK translated materials

What is diabetes? **free**

9500 [English](#) 9501 [Bengali](#) 9502 [Gujarati](#) 9503 [Urdu](#) 9504 [Hindi](#) 9505 [Punjabi](#)
9506 [Chinese](#)

How Diabetes UK can help you **free**

9507 [English](#) 9508 [Bengali](#) 9509 [Gujarati](#) 9510 [Urdu](#) 9511 [Hindi](#) 9512 [Punjabi](#)
9513 [Chinese](#)

Hypoglycaemia **free**

9514 [English](#) 9515 [Bengali](#) 9516 [Gujarati](#) 9517 [Urdu](#) 9518 [Hindi](#) 9519 [Punjabi](#)
9520 [Chinese](#)

Managing diabetes **free**

9521 [English](#) 9522 [Bengali](#) 9523 [Gujarati](#) 9524 [Urdu](#) 9525 [Hindi](#) 9526 [Punjabi](#)
9527 [Chinese](#)

Healthy lifestyle, fasting and diabetes **free**

9528 [English](#) 9529 [Bengali](#) 9530 [Gujarati](#) 9531 [Urdu](#) 9532 [Hindi](#) 9533 [Punjabi](#)
9534 [Chinese](#)

Diabetic complications **free**

9535 [English](#) 9536 [Bengali](#) 9537 [Gujarati](#) 9538 [Urdu](#) 9539 [Hindi](#) 9540 [Punjabi](#)
9541 [Chinese](#)

CVD and kidney disease **free**

9542 [English](#) 9543 [Bengali](#) 9544 [Gujarati](#) 9545 [Urdu](#) 9546 [Hindi](#) 9547 [Punjabi](#)
9548 [Chinese](#)

Your eyes and diabetes free

9549 [English](#) 9550 [Bengali](#) 9551 [Gujarati](#) 9552 [Urdu](#) 9553 [Hindi](#) 9554 [Punjabi](#)
9555 [Chinese](#)

Ramadan and diabetes free

9556 [English](#) 9557 [Bengali](#) 9558 [Gujarati](#) 9559 [Urdu](#) 9560 [Punjabi](#)

Nerve damage and diabetes free

9561 [English](#) 9562 [Bengali](#) 9563 [Gujarati](#) 9564 [Urdu](#) 9565 [Hindi](#) 9566 [Punjabi](#)
9567 [Chinese](#)

Pregnancy and diabetes free

9568 [English](#) 9569 [Bengali](#) 9570 [Gujarati](#) 9571 [Urdu](#) 9572 [Hindi](#) 9573 [Punjabi](#)
9574 [Chinese](#)

Treating with insulin/tablets free

9575 [English](#) 9576 [Bengali](#) 9577 [Gujarati](#) 9578 [Urdu](#) 9579 [Hindi](#) 9580 [Punjabi](#)
9581 [Chinese](#)

A guide for African-Caribbean people – your key to better health free

A concise introduction to diabetes and its treatment, including clear dietary guidance to help you follow a healthy and active lifestyle. **8027**

How to order

To order please contact Diabetes UK Distribution:

Ordering

You can order immediately and check stock availability by calling free on **0800 585 088**. Alternatively, cheques should be made payable to Diabetes UK Services Ltd and sent with an order form (available from website - www.diabetes.org.uk) to: Diabetes UK Distribution, PO Box 1057, Bedford MK42 7XQ.

Appendix 4 - Glossary (words you might hear)

Blood sugar (glucose) level. The amount of sugar (glucose) in the blood.

Blood glucose meter. A device that measures how much sugar (glucose) is in the blood.

Blood glucose monitoring. Checking how much sugar (glucose) is in the blood.

Carbohydrates. Starchy foods including: breads, chapattis, cereals; pasta, rice, and grains.

Cardiovascular Disease. Damage to the heart and blood circulation caused by fatty deposits on the linings of the blood vessels.

Complications of diabetes. The harmful effects that may happen when a person has diabetes, e.g. harm to your eyes, problems with your feet and legs; damage to your kidneys; problems with your heart; a stroke

Diabetic Coma. A severe emergency where a person is not conscious because his or her blood glucose is too low or too high.

Diabetic ketoacidosis (DKA). This can happen if there is not enough insulin in the body because of illness, incorrect doses of insulin, or missing insulin injections. Symptoms include fruity smelling breath, deep and rapid breathing, stomach pain, nausea, vomiting, and sleepiness. DKA can lead to coma and death if not treated promptly.

Diabetes Specialist Nurse (DSN). A nurse who is specially trained to look after your diabetes.

Dietitian. Someone who can give you help and advice about eating healthily.

Fast-acting glucose. Foods containing simple sugar that are used to raise blood glucose levels quickly during a hypo.

Glucagon. A hormone that raises the level of glucose (sugar) in the blood. It can be given by injection to treat severe hypoglycaemia.

Glucose. A simple sugar found in the blood. It is the body's main source of energy.

Glucose tablets or gel. Special products that give a pre-measured amount of pure glucose. They are fast-acting and can be used to treat hypoglycaemia.

HbA1c. A blood test done by your doctor to check how your blood sugar levels have been over the past 3 months.

Hormone. ??A chemical produced by an organ that travels in the blood to affect other organs.

Hyper (Hyperglycaemia). High blood sugar (glucose). Can be caused by too much food; not enough insulin; illness; stress. Symptoms include thirst, going to the toilet a lot, blurred vision, and fatigue.

Hypo (Hypoglycaemia). Low blood sugar (glucose). Can be caused by too much exercise, too much insulin; not enough food; delayed or missed meal; drinking alcohol without food. Symptoms include feeling shaky, having a headache, or being sweaty, pale, hungry, or tired.

Insulin. A hormone produced by the pancreas that helps the body use sugar (glucose) for growth and energy.

Insulin injections. Putting insulin into the body with a needle and syringe or an insulin pen.

Insulin pen. A pen-like device used to put insulin into the body.

Insulin pump. A device that delivers a continuous supply of insulin. The insulin is delivered in a steady, measured dose through a system of plastic tubing (infusion set). Most infusion sets are started with a guide needle, then the plastic cannula (a tiny, flexible plastic tube) is left in place, taped with dressing, and the needle is removed.

Insulin resistance. A condition in which the body does not respond normally to the action of insulin. Many people with type 2 diabetes have insulin resistance.

Ketoacidosis. See Diabetic ketoacidosis.

Ketones (ketone bodies). Chemicals that the body makes when there is not enough insulin in the blood and the body must break down fat for its energy. Ketones can poison and even kill body cells. When the body does not have the help of insulin, ketones build up in the blood and "spill" over into the urine so that the body can get rid of them. Ketones that build up in the body for a long time lead to serious illness and coma. See also: Diabetic ketoacidosis.

Kidney. Filters waste products out of the blood into the urine.

Lancet. A fine, sharp-pointed needle used by people with diabetes for pricking their skin to obtain a sample of blood for blood glucose monitoring.

Metabolism. The term for the way cells chemically change food so that it can be used to keep the body alive.

Nephropathy. Damage to the kidneys.

Neuropathy. Damage to the nerves in you body.

Optometrist. Based in the opticians, they test your eyes and fit glasses. Many are also trained to do retinopathy screening.

Pallor. Abnormal paleness of the skin.

Palpitations. Abnormally rapid or violent beating of the heart.

Pancreas. The organ behind the lower part of the stomach that makes insulin.

Pharmacist. Based in the chemist's, they give you the medicines prescribed by your doctor. They can also give you lifestyle advice and carry out medication reviews.

Podiatrist. The person who manages foot problems caused by diabetes.

Retinopathy. This affects the blood vessels for the retina. These can become blocked, leaky or grow haphazardly.

Syringe. A device used to inject medications such as insulin into body tissue.

Test strips. Specially designed strips used in blood glucose meters or in urine testing.

Urine ketone testing. Measuring the level of ketones in the urine.

Appendix 5 - References