

Newly diagnosed with

TYPE 2 DIABETES

DiABETES
SCOTLAND

KNOW DIABETES. FIGHT DIABETES.

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INTRODUCTION

You're likely to have a lot of questions after being diagnosed with type 2 diabetes.

There's a lot of information out there and it can be a bit confusing. We're here to help you get to grips with it.

In this booklet you'll find some information about type 2 diabetes in general, the medication, the care you're entitled to and help on managing the condition yourself.

We're the UK's leading charity for people living with and affected by diabetes. We can help you with your questions, give you support and put you in touch with other members of the diabetes community.



HOW WE CAN HELP

Here's a few ways we can help

Website

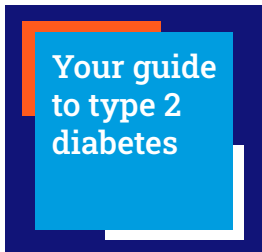
Visit our website diabetes.org.uk – it's packed full of practical tips, advice and support.

Forum

Get in touch with the wider community on our forum forum.diabetes.org.uk

Guides

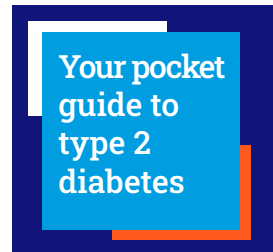
Read our guides for detailed information on a range of diabetes-related topics.



An in-depth guide to everything you need to know about living with type 2 diabetes.



This guide is full of recipes and advice to help you make healthier choices.



This pocket guide helps you understand the labels on food packaging.

Speak to our helpline

Our trained advisors are here for you. You can call them on **0141 212 8710** or email them on helpline@diabetes.org.uk

WHAT IS TYPE 2 DIABETES?

WHAT IS TYPE 2 DIABETES?

Let's start at the beginning. Type 2 diabetes develops when your body can't make enough insulin. Or when the insulin you produce does not work properly.

Insulin helps your body use the glucose (sugar) in your blood. If left untreated, this leads to high blood sugar levels, which can cause serious health complications.

You're not alone. Over 4.9 million people are living with diabetes. And there are currently 13.6 million people at increased risk of developing type 2 diabetes.

Although type 2 diabetes usually develops later in life, these days it's being diagnosed at younger and younger ages. The symptoms come on slowly and sometimes it can be years before you realise you have it. The complications can be serious. But with the right treatment and support there's no reason you won't live a full and happy life.

To find out more watch our video 'What is type 2 diabetes?'

diabetes.org.uk/diabetes-the-basics/types-of-diabetes/type-2



WHAT IS TYPE 2 DIABETES?

Some questions

Is type 2 diabetes serious?

The truth is, yes, it can be.

The complications can be serious. But this guide is here to help you manage the condition, make sure you're getting the right care and reduce your risk of complications.

Is there a cure?

At the moment there isn't a permanent cure for type 2 diabetes.

But there's evidence that shows some people can put their type 2 diabetes into remission through weight loss – either by following a very low-calorie diet under medical supervision, or through surgery.

You can find out about our remission research at diabetes.org.uk/remission

What is type 1 diabetes?

About 8% of people with diabetes have type 1.

Type 1 diabetes is an autoimmune condition. It's where the immune system attacks and destroys the cells in the body that make insulin.

Most people with type 1 are diagnosed when they're children or young adults. It starts suddenly and gets worse quickly. People with type 1 diabetes cannot produce insulin naturally. No one knows what causes it and it cannot be prevented.

What happens in a body without diabetes

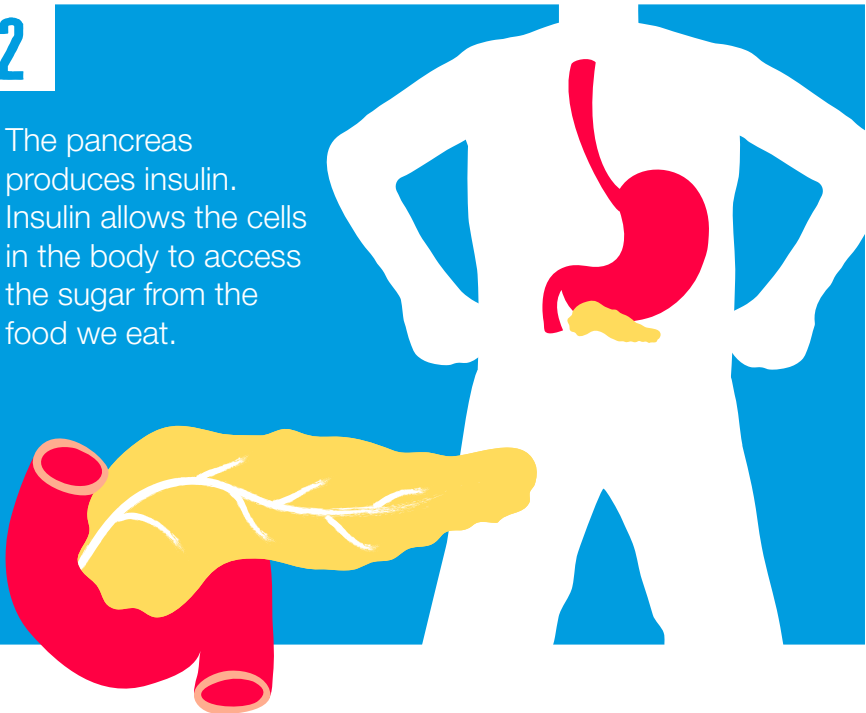
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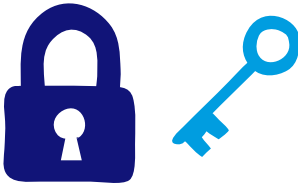
When we eat foods that contain carbohydrate, it is broken down into glucose that gives us energy.

2

The pancreas produces insulin. Insulin allows the cells in the body to access the sugar from the food we eat.

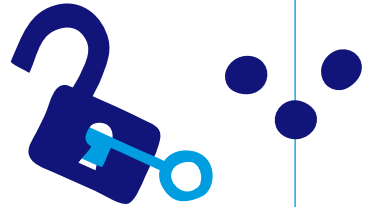


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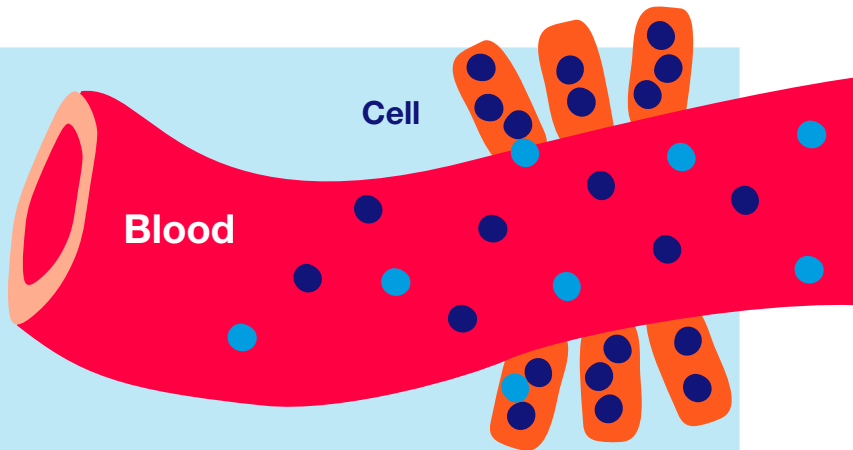
It is helpful to think of insulin as the key unlocking the door to the cells so that glucose can get in.

4



Once the cell is opened by the insulin, it can access the energy from the glucose. That way the glucose levels will start to drop.

5

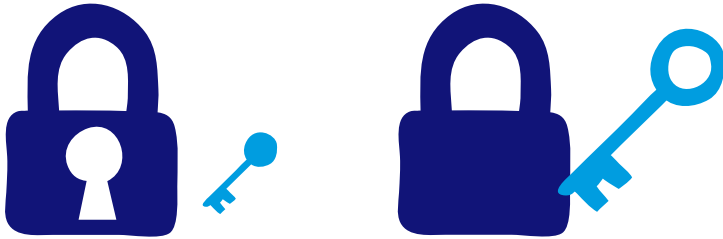


Typically our bodies can maintain a healthy balance between the level of glucose and insulin in the blood.



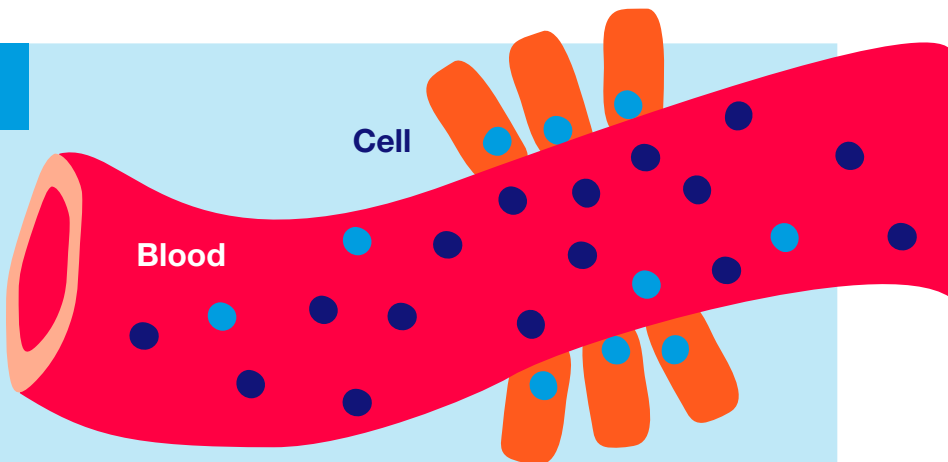
What happens in a body with type 2 diabetes

1



However, in type 2 diabetes either the body isn't producing enough insulin or the insulin isn't working properly. Sometimes fat deposits block the insulin from entering the cell, but this can also happen in people of a healthy weight.

2

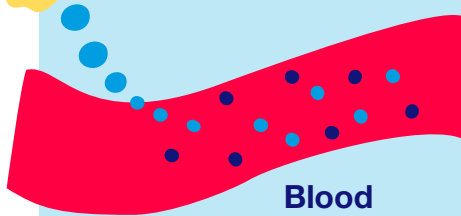


This means the insulin can't open the cell 'doors' properly and the level of glucose in the blood continues to rise.



3

Pancreas



Blood

In response to this, the pancreas produces even more insulin. Both blood glucose and insulin levels continue to rise.

4

Liver



Cells

This situation is further complicated by the cells that are desperate for energy, sending out emergency signals to the liver to release stored glucose.

5



The blood glucose level goes up and up and the pancreas produces more and more insulin until it can't cope anymore and it can wear out.

6

10

The symptoms for type 2 diabetes in some people come along very slowly and some people don't have symptoms at all so people can live with type 2 diabetes for up to 10 years before they realise they have it.

Diabetes Myths

People say lots of different things about diabetes – but not all of it's true.

And, knowing the facts about diabetes is important when it comes to managing it. There's so much information out there, and it's often difficult to know what's right and what's not.

Here are some of the most common myths about diabetes

“Type 2 is a mild form of diabetes”

This isn't true.

Type 2 diabetes is a serious medical condition. But the right treatment and support can make a real difference. Some people have even been able to put their condition into remission. It doesn't have to stop you living a full life.

“People with diabetes can't have sugar”

That's not true, either.

But it's a good idea for all of us to cut down on sugar in our diets. Foods and drinks with free sugars, which are sugars added by you or the manufacturer or found in honey, syrups and fruit juices, are usually high in calories and they're less healthy options. That's why it is recommended they are only eaten in small amounts and less often.

“It’s not safe to drive if you have diabetes”

Yes, you can drive – although there may be some restrictions.

People living with diabetes can still drive if their blood sugar levels are well managed. If you take insulin or other medication that can cause low blood sugars, also called hypos, you may need to inform the DVLA. If you have severe hypos, you may need to stop driving and inform the DVLA. You can find out more about driving with diabetes at diabetes.org.uk/driving

“People with diabetes should eat ‘diabetic’ foods”

There’s no need to eat special ‘diabetic’ foods.

They don’t have any health benefits, are often high in fat and calories, and can cause an upset stomach. In fact, companies aren’t allowed to label their food and drinks ‘diabetic’ anymore under EU regulations.



Complications

By managing your diabetes, through looking after your blood glucose, blood pressure and blood fat levels you can reduce your risk of developing these long term complications.

If not, it can lead to serious and potentially life-changing consequences. No one likes to think about these. But the good news is they're not inevitable. You can reduce your risk of developing some of these long-term complications by managing your diabetes.

Your eyes

Diabetes is the leading cause of preventable sight loss in people of a working age. High blood sugar over a long period of time can damage the vessels around the retina, the seeing part of the eye, and eventually the retina itself.

This is called retinopathy. It can affect your vision and can, ultimately lead to blindness. You're entitled to regular eye screening. It's different to an optician's eye test and can help identify problems early on and make sure you get treatment.



Your feet

High blood sugar can lead to nerve and blood vessel damage. This means you may stop feeling pain in your feet and not notice you've cut or burned them. The timing of your foot screening checks will depend on your risk of developing serious foot complications. Speak to your healthcare team for more information.

But you should also check your feet regularly. We've got guides on our website and there's even a video of how to look after your feet on our YouTube channel [youtube.com/diabetesuk](https://www.youtube.com/diabetesuk)

Your kidneys

One in three people with diabetes may develop kidney disease. It happens when there's damage to the small blood vessels in the kidneys. It can develop slowly over many years.

That's why it's really important to get your kidney functions tested as part of your annual diabetes review.

Pregnancy

Most women with diabetes have a healthy pregnancy and baby, but if you have diabetes, you are more at risk of certain complications. Speak to your diabetes healthcare team if you're thinking about having a baby so that you can work together to plan your care in advance.

Heart attack and stroke

People sometimes assume that heart problems or strokes are a separate problem from diabetes. They're usually not. Damage to the blood vessels around the heart from high blood sugar, high blood pressure and high cholesterol over a long period of time increase your cardiovascular risk.

To reduce your risk, make sure you get your blood sugar, blood pressure and cholesterol checked as part of your annual review. Stopping smoking and making healthy lifestyle changes can help reduce your blood sugars, blood pressure and cholesterol and manage your diabetes better.

Your health targets

You should be given your own personal health target for managing your type 2 diabetes.

These are some general guides to targets. Use the chart on page 18 to record your figures when you meet your healthcare professional.

Blood sugar levels

HbA1c is what we call the long-term measure of blood sugar. It should usually be around 48mmol/mol. Some people may be asked to aim for below 53mmol/mol. The target you're given depends on how your diabetes is treated and your personal circumstances.

Body Mass Index (BMI)

BMI can help you to understand if your weight is currently in the 'healthy' category. The 'health' category is slightly lower if you are from a South Asian background. Your healthcare team will work out your BMI and talk to you about what it means. See page 58 for more on weight and BMI.

Waist measurement

It should be less than:

- 80cm (31.5in) for women
- 90cm (35in) for South Asian men
- 94cm (37in) for other men.

Blood pressure

Blood pressure target is usually below 140/90mmHg for people with diabetes or below 150/90mmHg if you are aged 80 years or above. For some people with kidney disease the target may be below 130/80mmHg. But it is important to speak to your healthcare team about your individual target.

Stop smoking

Smoking makes it harder for blood to flow around your body to places like your heart and your feet. If you smoke, then stopping is a key part of reducing your risk of complications. See [nhsinform.scot/healthy-living/stopping-smoking](https://www.nhs.uk/healthyliving/stopping-smoking) for help.

Cholesterol

Cholesterol is a type of fat in our blood. HDL (high density lipoprotein) is a good type of cholesterol and can protect against heart disease. Triglycerides are another type of fat in the blood. If you have raised total cholesterol and raised triglycerides, you have an increased risk of cardiovascular disease.

Discuss your individual cholesterol targets with your healthcare team.

Notes

My results

Date	Weight	Waist

Blood pressure	HbA1c	Cholesterol

My medicines

Medication name	What is it for?

Use this chart to make a list of the medicines you take, what they are for and when you should take them. Ask your doctor to help you fill it in if you need to.

	How often and when should I take it?

Some questions

I haven't had eye screening before – what will happen?

Your eye screening test is done at different locations across Scotland. You might have the test at your GP practice, hospital or optician.

At your screening appointment, you'll have drops put into your eyes to make your pupils larger. This allows the retina, which is the part at the back of your eye that lets you see, to be seen more clearly. A special digital camera takes a photograph of the retina, and a specialist will look for any changes and damage.

The photograph is painless and the camera doesn't touch the eye. The drops may cause some stinging and blurred vision for two to six hours after the test.

Take sunglasses to wear afterwards as everything will appear bright, and don't drive after your appointment – use public transport or arrange a lift with friends or family. If you notice any changes in your vision between screening appointments, contact your diabetes team.



What will happen at my foot review?

Your foot check involves the following:

- You'll be asked to remove any footwear, including socks or stockings.
- Your feet will be examined – including looking for corns, calluses and changes in shape.
- Your feet will be tested for numbness or changes in sensation with a tuning fork or a fine plastic strand called a monofilament – this doesn't hurt.

You'll be asked questions about your feet and diabetes management, such as:

- Have you noticed any problems or changes – for example cuts, blisters, broken skin or corns?
- Have you had any previous foot problems or wounds?
- Have you experienced any pain or discomfort?
- How often do you check your feet, and what do you look for?
- Do you have any cramp-like pains when walking?
- How well do you feel you're managing your diabetes?

Your footwear will also be examined to make sure it's not causing any problems to your feet.

At the end of the check you'll be told the results and your level of risk of foot problems. You'll also be given information about what your level of risk means and what to do next, including advice about how to care for your feet. For more details, go to

diabetes.org.uk/foot-check

What should I talk about at my annual review?

You may want to talk about your general wellbeing.

How you're coping with your diabetes, any problems you're having, how your current treatment is working or any issues around smoking, alcohol, weight, stress, sexual problems and eating. Every person is different and has their own issues and concerns, so ask the questions that are important to you.



Can I put my Type 2 diabetes into remission?

Diabetes remission in people with type 2 diabetes means that your blood sugar levels are below the diabetes range without needing to take any diabetes medication.

Evidence from our DiRECT research study suggests that a low-calorie weight management programme can result in remission for some people.

But that doesn't mean it's the only option. We also know that some people in remission got there by losing weight through other methods, such as a low-carb diet or the Mediterranean diet.

Remission isn't yet possible for everyone with type 2 diabetes but, if you are living with obesity or overweight, there are still many benefits to losing weight. These include requiring fewer medications and lowering your blood pressure, cholesterol and blood glucose levels, which are all risk factors for diabetes complications.

Ask your healthcare professional about weight management services in your area.



SELF- MANAGEMENT AND SUPPORT

We know that living with type 2 diabetes can be tough.

And sometimes it can feel difficult to know how to manage your condition.

This section will introduce some of the support that's available to you locally and what's online. There's also some information on the self-management courses available to you which will help you feel more in charge of your condition.

Notes

Diabetes Scotland local groups

It's often helpful to speak to people who have been through similar experiences to you.

That's where our local groups come in. All our Diabetes Scotland local groups are run by volunteers living with or affected by diabetes.

They'll be able to share their experiences, hints, tips and make sure you don't feel alone. You can join in a range of activities from fundraising to influencing local healthcare to helping others understand their risk of type 2 diabetes.

You can find your local group's contact details on our website **diabetes.org.uk**

Or if you just want to find out more about them, get in touch with the Diabetes Scotland team on **scotland@diabetes.org.uk** or call us on **0141 245 6380**.



Knowing more

Yes, type 2 diabetes is now part of your life but it doesn't have to rule your life.

You can make yourself an expert in your own care and condition. Knowing more about your condition will make it easier to live with and help you reduce your risk of complications.

You should be offered a free diabetes education course by your healthcare professional. If you haven't been offered one, ask for a referral.

Courses can be delivered in groups, one-to-one or online. The most well-known national courses are DESMOND and X-PERT. But many other courses have been developed in your area by local diabetes teams. Ask your healthcare professional about courses in your local area.

Education courses and work

You'll probably need to take time off work to attend a course – but it's worth it, especially if it helps you to look after your diabetes and health better. If you're struggling to get time off, explain the benefits to your employer. The course provider or your healthcare team may be able to send you materials or a letter for you to give to your employer. For more advice, go to diabetes.org.uk/t2-employment

Online courses

Some people prefer to learn in their own time and that's where going online can be really helpful.

We offer an online learning programme which helps you find out more about treatment, management, tips on a healthier lifestyle and reducing your risk of complications. You can find out more at learningzone.diabetes.org.uk

If you want to be able to access your health records online at any time, NHS Scotland offers a service called My Diabetes My Way. It also allows you to set and monitor goals to help you in conversations with your healthcare professional.

You'll find more information on both of these on the next few pages. You can also visit our website **diabetes.org.uk** to find out more about learning in your own time.



Some questions

Can I just go anywhere online for information?

There is a lot of useful information online but you need to be careful.

Some websites aren't always accurate. To avoid any out-of-date or wrong information, you should follow this advice:

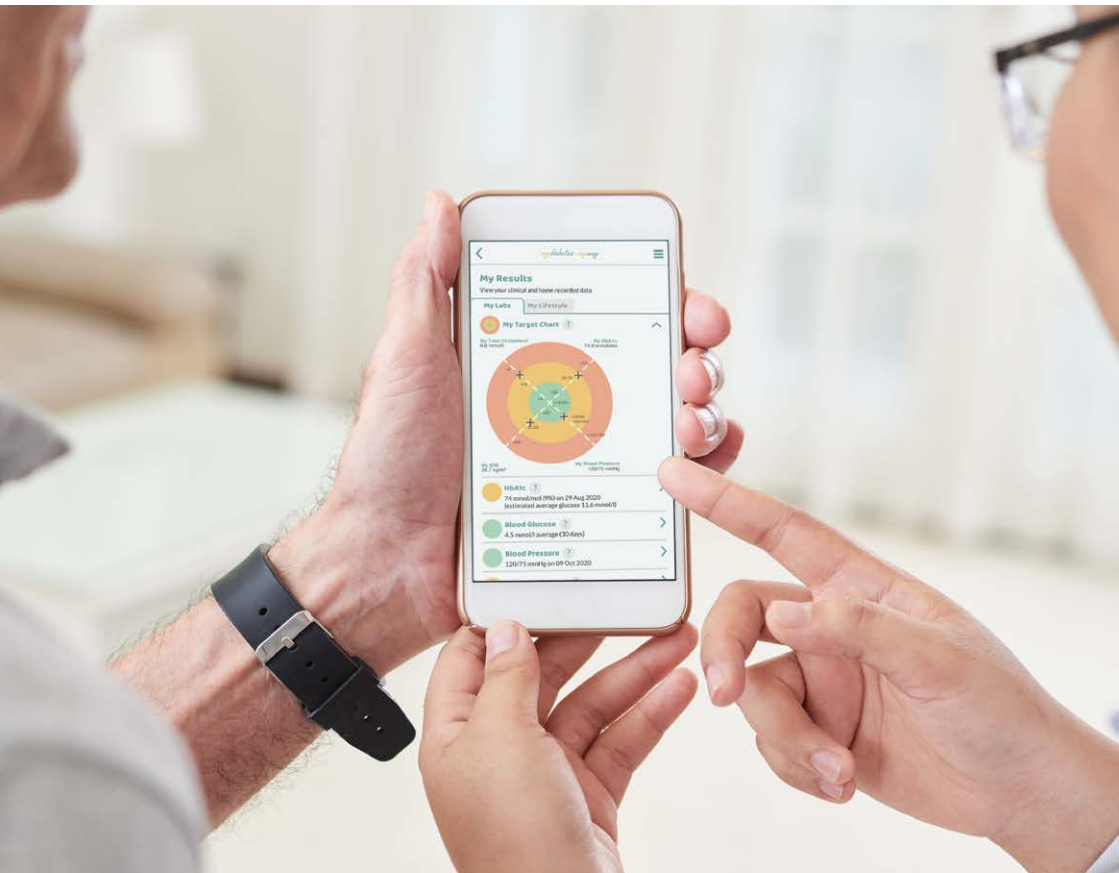
- Speak to your healthcare team about anything you see, hear or read that interests you or you're not sure about. If you can, take a copy of it with you.
- Ask your healthcare team to recommend online sites or information.
- Don't trust sites that say there's a cure for diabetes. There is currently no cure.
- Don't try medical products or specialist foods you find online without checking with your healthcare team first..

These sites have reliable information:

- [diabetes.org.uk](https://www.diabetes.org.uk)
- [diabetes.org.uk/t2-forum](https://www.diabetes.org.uk/t2-forum)
- [nhs.uk](https://www.nhs.uk)
- [nice.org.uk](https://www.nice.org.uk)
- [sign.ac.uk](https://www.sign.ac.uk)

Notes

my diabetes * my way



Efficiently Manage Your Diabetes Online

- ★ Quickly access all the information you need
- ★ Easily find out if your diabetes is on-track
- ★ Enjoy more control over your health

mydiabetesmyway.scot.nhs.uk



MyDiabetesMyWay



iOS and Android apps available

My Diabetes My Way. Access your diabetes health records online

An easy-to-use, free service that helps you manage living with diabetes anywhere you can access the Internet.

★ Convenient access

My Diabetes My Way can advise you how to improve your self-care in-between appointments. At any time that suits you, you can check up-to-date personalised information in your NHS diabetes record.

★ Manage your diabetes

My Diabetes My Way can help motivate you. You can become an expert in your condition and learn how to make changes to benefit your health.

★ Reach your goals

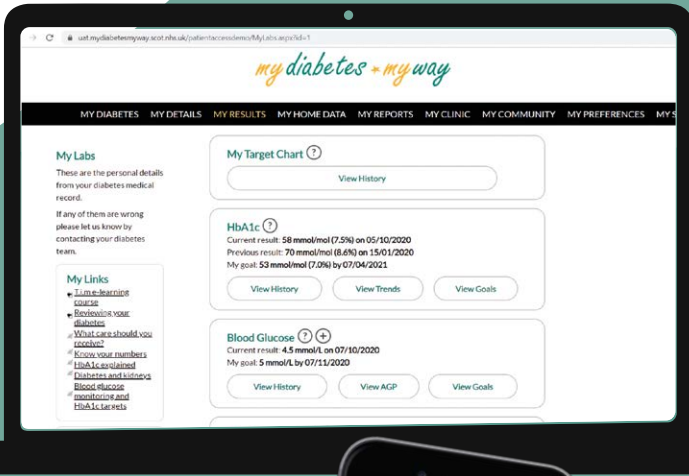
My Diabetes My Way allows you to set and monitor goals and record activity, blood glucose, weight, and blood pressure results. You can then discuss progress during clinical consultations.

★ Secure and free

The *My Diabetes My Way* service, complements the face-to face care you receive. It uses industry-standard security and is completely free to use. Available online, and also as an app for your mobile phone or tablet.

TO GET STARTED, FOLLOW THE INSTRUCTIONS OVERLEAF





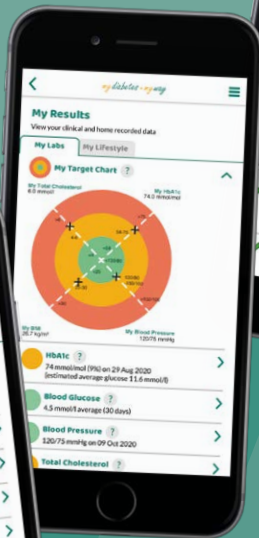
Monitor your agreed goals and targets



Contribute to your healthcare record



Test results and measurements explained



Learn about diabetes; watch videos, read articles and complete online courses



“It is great to be able to view all of my results so that I can be more in charge of my diabetes”

www.mydiabetesmyway.scot.nhs.uk

Key features

- ★ Record your home data to contribute to your record
- ★ Links to leaflets and videos relevant to your diabetes
- ★ Information about your diabetes diagnosis and treatment
- ★ Latest results and all historical data recorded electronically



Website, and apps for mobiles and tablets

Available via our website and mobile app. Access the full service on your normal web browser, or download our app for quick access to your clinical data.



Get Started Today

1. Visit the **website**:

www.mydiabetesmyway.scot.nhs.uk

2. Click **'Register'** then follow the instructions.
3. On completion of your registration, user account details will be sent to you by the **'myaccount'** service along with further instructions.

Need help? Please email us:
mydiabetes.myway@nhs.scot

mygovscot
myaccount



Not an Internet user?

Perhaps a friend or family member can help you. Also, most libraries now provide free Internet access and training on how to use Internet browsers.

Is it safe?

Yes. Very safe. Your records are protected by security systems like those used for Internet banking, and access is granted only to you and your healthcare team.

What is 'myaccount'?

'myaccount' is a Scottish Government initiative, which gives you **secure electronic access to various public services**. It's also the gateway to *mydiabetesmyway*.

My Diabetes My Way is free to use for all people with diabetes who are living in Scotland.

The service is funded by the Scottish Government and supported by the Scottish Diabetes Group who provide expert advice to the Scottish Government Health Directorate.

www.mydiabetesmyway.scot.nhs.uk ✉ mydiabetes.myway@nhs.scot



NHS
SCOTLAND

Service developed and maintained by the University of Dundee for NHS Scotland.

EATING WELL

HEALTHY DIET

A healthy diet is important for everyone. And if you have diabetes, it's one of the best things you can do to reduce your risk of developing diabetes complications.

It helps with your blood sugar, blood pressure and cholesterol levels, and can cut down your risk of complications like heart disease as well as certain types of cancer.

Choose healthier carbohydrates

You need to know about carbs because these are the foods that have the greatest effect on your blood sugar levels after eating. Choose the healthy ones and keep an eye on portion sizes.

Healthy carbs include:

- whole grains like brown rice, buckwheat and whole oats

- fruit
- vegetables
- pulses such as chickpeas, beans and lentils
- unsweetened yoghurt and milk

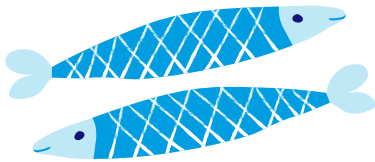
You should cut down on low-fibre carbs like white bread, white rice and highly processed cereals. Check food labels if you're not sure if something is high in fibre.



Eat less salt

Too much salt can increase your risk of high blood pressure and that puts you at risk of heart disease and stroke.

Eat no more than 6g, or one teaspoon, of salt a day. Packaged foods already have salt in them so check the labels and go for those with less salt. In fact, 75% of the salt we eat comes from processed foods. So, you can reduce your salt intake by cooking from scratch and by adding flavour with herbs and spices instead.



Eat less red meat and processed meat

If you're cutting down on carbs, you could be tempted to eat more meat. However, don't replace carbs with red meat like beef, lamb or pork or processed meat like ham, bacon or sausages. Eating too much of these is linked to heart disease and some cancers. Instead, try swapping to:

- poultry, like chicken and turkey
- fish
- eggs
- pulses such as beans and lentils
- unsalted nuts.

Beans, peas and lentils are high in fibre and don't affect your blood sugar levels quickly, so they're a great way to feel full on healthier food.

Eat more fruit and vegetables

Fruit and vegetables are full of vitamins, minerals and fibre. Fibre is important because it stops your blood sugars going up too quickly after eating carbs. It also helps keep your

bowels healthy. Aim to eat more fruit and vegetables at mealtimes and snack on them when you're hungry.

Although fruit is sweet, your body processes the sugar in whole fruit differently from free sugars. In fact, fruit is good for your overall health. So you can eat it regularly, but it's best to spread it out throughout the day rather than have lots in one go.

Choose healthier fats

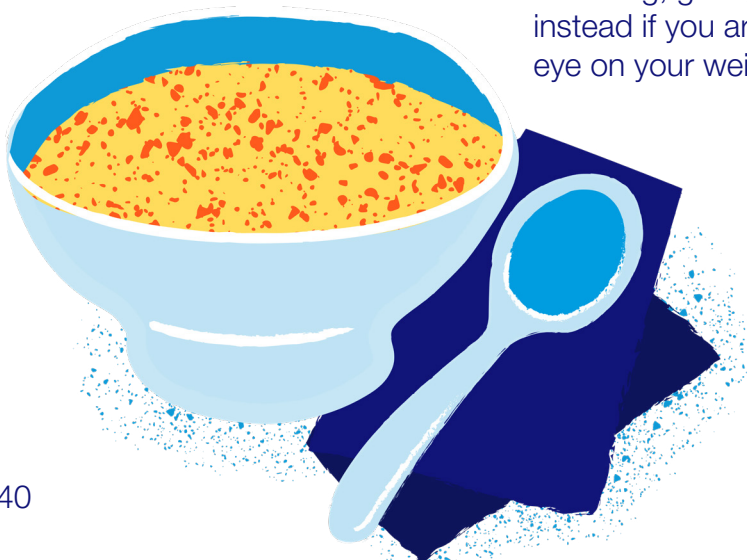
We all need some fats in our diet – but different types of fat affect our health in different ways.

The healthier fats are the unsaturated ones and they're

in foods like unsalted nuts, seeds, avocados, oily fish, olive oil and sunflower oil. Also, the fats in oily fish like trout, herring, sardines, salmon and mackerel have omega-3, which is good for your heart too. So, aim to have two portions of oily fish a week.

Saturated fats from red and processed meat, ghee, butter, lard, biscuits, pies, cakes and pastries aren't healthy. This is because they can increase the cholesterol in your blood and raise your risk of heart disease. So, you need to cut down on them.

All fats are high in calories, even the unsaturated kind, so you may want to cut down on cooking with oil and go for steaming, grilling or baking instead if you are keeping an eye on your weight.



Cut down on free sugars

Cutting down on free sugars will help you manage your blood sugar levels, keep your weight down and reduce your risk of health conditions such as heart disease.

It's difficult to cut out free sugars completely but try to swap in healthier choices. Swap sugary drinks, energy drinks and fruit juices for water, milk, tea and coffee – without sugar. It's also fine to try low or zero-calorie sweeteners, also called artificial sweeteners.

If your diabetes treatment means you sometimes have hypos and need to treat them with sugary drinks, then don't stop doing that. However, talk to your diabetes team if it happens a lot because you may need to have your medication adjusted.

What is free sugar?

Free sugar is any sugar added by you, or the food manufacturer, to food or drink. Honey, syrups and fruit juices are also free sugars. This type of sugar is not healthy as it can increase your risk of things like heart disease, as well as make you more likely to put on weight. The sugar you get in whole fruit, vegetables and milk isn't free sugar, and is much better for you.

But beware of fruit juices, even unsweetened ones. The sugar counts as free sugar because you're not getting the fibre from the whole fruit and will cause your blood sugars levels to rise quickly.

So, stick to eating the whole fruit like fresh, frozen or tinned.

Snack smart

Go for yoghurts, unsalted nuts, seeds and fruit and vegetables instead of crisps, biscuits and chocolate. And keep an eye on portion size.

Be sensible about alcohol

Alcohol is high in calories so if you're thinking about losing weight, cutting back can help. Too much alcohol can also increase your risk of heart disease and certain types of cancer. So, try to stick to no more than 14 units a week and spread it over three or more days. Avoid binge drinking and have several 'dry' days a week when you don't drink at all.

If you take insulin, or other diabetes medications that cause hypos, such as sulphonylurea, then don't drink on an empty stomach as it could cause a hypo.

Get your minerals and vitamins from food

Mineral and vitamin supplements won't help you manage your diabetes. Unless you've been told to take something by your healthcare team, like folic acid if you're pregnant.

Some supplements can affect your medications or make diabetes complications, like kidney disease, worse. It's much better to get your nutrients from eating a range of foods.

Don't bother with 'diabetic' food

It's now against the law for food to be marketed as 'diabetic'. It doesn't have any special health benefits that you can't get from eating healthily, can have as many calories as similar foods and can affect your blood sugar levels. Plus, it may have a laxative effect.

Some questions

If I have diabetes, shouldn't I avoid carbs?

Some people with type 2 diabetes may choose to follow a low-carb diet to lose weight or manage their blood sugar levels.

Although there is some evidence to say they are safe and effective for a short time, there is no evidence to say that low-carb diets are any more effective than other approaches in the long term and they can be difficult to stick to.

If you're thinking of following a low-carb diet, speak to your healthcare team who can refer you to a dietitian for more personalised advice.

Notes

Food labels made easy

Understanding food labels will make it easier for you to choose healthy options in the shops. .

But they can be confusing, so we'll help you understand what to look out for. That means next time you're at the shops, you'll know exactly what you're putting in your basket.

Traffic light labels

Food companies don't have to put labels on the front of their packaging. If they do, they might use traffic light labels.

These tell you whether the product has low, medium or high amounts of fat, saturated fat, sugars and salt. They're designed to let you know at a glance how healthy or unhealthy something is and make it easy to compare similar products.

Example of a front of pack label

Each 25g pack contains:

Energy 542kJ 130kcal	Fat 7.2g	Saturates 0.6g	Sugars 0.1g	Salt 0.3g
7%	10%	3%	0%	5%

Low

The more green on the label, the healthier the choice. Try to eat foods with more green labels than any other colour.

Medium

Amber means that it is neither high nor low. You can eat foods with all or mostly ambers in moderation.

High

Red means that it is high. Try to eat these foods less often and in small amounts.

Most foods will have a mix of traffic light colours. Pick items with more greens and ambers, and fewer reds.

Notes

Back of pack labelling

Food labels give us more information about what we eat and drink.

Labels of foods and drinks give essential information, such as the ingredients, the nutrients – such as fats, calories, fibre – and how much they contribute to what an average adult needs each day.

Ingredients

Ingredients are listed on the back of the pack in order. The highest-quantity ingredient is listed first, down to the lowest-quantity ingredient last. So, if you find sugar at the top of the list, the food is likely to be high in sugar. Foods known to cause allergic reaction in some people are shown in bold.

Notes

Health claims

Many of the claims made on food packaging (drinks are different), such as fat free or low fat, can be confusing. Here's the difference:

FAT FREE

Has to have less fat than 0.5g per 100g fat, but check the ingredients list for added sugar, which is often used to replace the fat.

SUGAR FREE

Has to have less sugar than 0.5g per 100g. Check the ingredients list for fats which may replace the sugar.

LOW FAT

The product has 3g or less of fat per 100g.

LOW SUGAR

Has less than 5g of sugar per 100g.

NO ADDED SUGAR

Although no sugar is added, there may be naturally occurring sugar in the food.

Cut out and keep

Not all products provide front of pack labelling and you will need to judge using the nutritional information.

Cut out and keep these reference cards as a handy reference while shopping or eating out. Why not keep one in your wallet or purse beside your debit cards?

The numbers for sugars don't tell you whether the sugars are natural, like in fruit, or added by the food company when the product is being made, like sucrose, but checking the ingredients list can help you find out.

	Sugars	Fat	Saturates	Salt
What is high per 100g?	Over 22.5g	Over 17.5g	Over 5g	Over 1.5g
What is medium per 100g?	Over 5g to 22.5g	Over 3g to 17.5g	Over 1.5g to 5g	Over 0.3g to 1.5g
What is low per 100g?	5g or less	3g or less	1.5g or less	0.3g or less

	Sugars	Fat	Saturates	Salt
What is high per 100g?	Over 22.5g	Over 17.5g	Over 5g	Over 1.5g
What is medium per 100g?	Over 5g to 22.5g	Over 3g to 17.5g	Over 1.5g to 5g	Over 0.3g to 1.5g
What is low per 100g?	5g or less	3g or less	1.5g or less	0.3g or less

**MOVING
MORE**

MOVING MORE



You can help to manage your type 2 diabetes by being more physically active.

Physical activity doesn't mean you have to join the gym. Some of the benefits of moving more are:

- It helps your body use insulin better.
- It helps you look after your blood pressure. High blood pressure means you're more at risk of diabetes complications.
- It helps you to improve your cholesterol.
- It helps you maintain a healthy weight and keep weight off after you've lost it.
- It gives you energy and helps you get a good night's sleep.
- It helps your joints and flexibility.
- It helps your mood. Exercise releases 'happy hormones' called endorphins.
- It helps to reduce stress levels.
- It helps you to improve your HbA1c levels.
- It can even help some people on their type 2 diabetes remission journey.

Start with what feels realistic for you and build up your activity levels from there. Even moving a little more makes a big difference.

How much to aim for

You should aim to spend less time sitting down and more time on your feet.

These are the government guidelines:

Public Health Scotland advise that most people should aim to do at least 150 minutes of moderate physical activity a week. Aim for 30 minutes of moderately intense activity – or 15 minutes of vigorous activity – at least five days a week.

Also, try to do activities that improve muscle strength on two or more days a week. For example, heavy gardening, carrying food shopping or yoga.

Moderate intensity

Breathing is increased, but you can talk comfortably. This could be walking quickly, cycling on flat ground or a leisurely swim.

Vigorous intensity

You're breathing fast and it's hard to talk. This could be running, cycling faster or up hills, or faster swimming

Exercises for muscle strength

This could be gardening, carrying groceries or yoga. There are some simple exercises to get you started on our website at www.diabetes.org.uk/guide-to-diabetes/managing-your-diabetes/exercise

Which activities do you want to try?

Keeping active at home

- on the spot walking
- DIY – is it time to tackle that shelf you’ve been putting off?
- arm and leg stretches
- hoovering your home
- washing your car
- dancing to music
- gardening, if you have a garden. If not, can you repot some house plants while standing up?

Keeping active on the move

- getting off the bus or tube one stop earlier
- parking further away from your destination
- taking the stairs instead of the lift or escalator
- walking the dog
- cycling
- use a free outdoor gym.

Keeping active at work

- walking meetings
- standing when you’re on the phone or using a standing desk
- chair-based exercises
- stretching for five minutes after every meeting.

Online activities

Why not give our Learning Zone a try? It's a free tool packed full of information from healthcare professionals that's tailored to you and your diabetes, and it also contains tips and advice from people living with diabetes too. For example, in our three physical activity courses, you'll:

- understand how moving more can help you and your diabetes
- find which activity would suit you and your lifestyle
- build an activity plan that you can stick to.

Visit diabetes.org.uk/learning-zone-moves to sign up to our Learning Zone.



LIVING WELL WITH DIABETES

Medication

You may not need medication when you're first diagnosed.

Lifestyle changes – like being active, losing weight and eating well – may be all that's needed. It could be that you manage your diabetes without medication for a long time.

However type 2 diabetes can change over time. This means you may also need to start taking medication. This doesn't mean that you've done anything wrong. It's just that your body needs more help to keep blood sugar levels within a healthy range. All medications work in different ways, so your healthcare team will speak to you about what's best for you.



It's important to think ahead about what you want to ask your healthcare team before starting on a new medicine.

These are the kind of questions you could ask:

- What's the effect on my diabetes?
- Will I lose or gain weight?
- Is there anything else I can do to avoid taking it?
- When and how often do I need to take it?
- How do I take it? As a tablet or injection?
- Are there any side effects?
- Do I need to take medication forever?

Side effects

Diabetes medicines are safe but, like all drugs, they may have side effects or interact with other medicine you take. If you need more information, speak to your healthcare team or pharmacist. The patient information leaflet (PIL) given with your medicines also has more details

Looking after your weight

Keeping to a healthy weight is important for everyone. It's especially important if you're living with type 2 diabetes.

Why it matters

There's heaps of evidence that losing weight if your BMI is in the overweight range improves blood pressure, cholesterol, blood sugar levels and cuts down your risk of developing long-term health problems.

Most people find they feel better and have more confidence. And it tends to mean you're more mobile for longer.

Why it matters more with type 2 diabetes

Losing weight if you live with obesity or overweight is one of the most effective ways to manage type 2 diabetes.

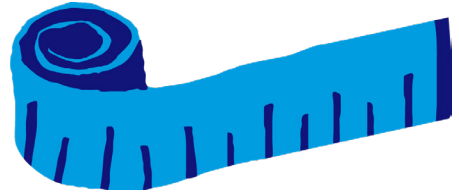
It improves blood sugar levels, blood pressure and the levels of fats in your blood.

And living with obesity or overweight, especially around your middle, can lead to your body being more resistant to the insulin you make so it doesn't work as well. Losing weight will help to improve this.

How to know if you need to lose weight

Measure your waist

Carrying fat around your stomach can make it harder for your body to manage the levels of sugar in your blood, which makes it harder to manage type 2 diabetes.



With a tape measure, measure around your middle, midway between the top of your hips and bottom of your ribcage.

Guideline measurements are:

- White and Black men: below 94cm (37in)
- South Asian men: below 90cm (35in)
- White, Black and South Asian women: below 80cm (31.5in).

It's different for men of South Asian background as they have a higher risk of type 2 diabetes.

Find out your BMI (Body Mass Index)

This is a measure of your weight in relation to your height.

It's good to discuss your BMI with your healthcare team and set targets.

For more information on BMI go to: **Body mass index (BMI)**

Losing weight

If you want to lose weight, get support from your diabetes team. Usually they'll help you make a plan to eat fewer calories and do some more physical activity. It's a bit more complicated than just eating fewer calories, so getting support from your healthcare team is important.

Some days will be better than others, but even small changes can help. You'll be making a difference to your diabetes and how well you feel.

There's information on our website about the different ways to lose weight, including:

- a low-fat, healthy, balanced diet
- a low-carbohydrate diet
- a very low-calorie diet
- the Mediterranean diet
- the low glycaemic index (GI) diet
- commercial weight-loss programmes

Speak to your healthcare team about what's best for you.

Go to diabetes.org.uk/t2-healthy-weight-guide to find out more.



Wellbeing

Being newly diagnosed with type 2 diabetes can come as a shock, especially if you didn't feel ill or have any symptoms.

We all have different ways of coping with things. Whatever your approach, it's important that you don't ignore the way you feel. Coping with a diagnosis of diabetes can be difficult and many people do experience times of uncertainty or low mood. If you find that your feelings are stopping you from properly managing your diabetes, it's time to seek extra support. You don't need to go through this difficult time alone.

Talking to family and friends

Talking to those around you about your health issues can be difficult – initially they may know very little about it and how it affects your daily life. Most people find they get more support and are able to cope better once they open up about their diabetes. Friends and family can give you valuable support and encouragement when your diabetes is new or when you're struggling to manage it. Sharing any issues will help them understand how they can help while you're adjusting to your new way of life.



Diabetes Scotland helpline

Our helpline provides specialist information and advice on all aspects of living with diabetes, including:

- help understanding symptoms, medications and treatment
- guidance on practical issues including diabetes at school and work, driving, travel, access to healthcare and benefits
- support and advice on food, exercise and everyday life with diabetes
- a chance to talk through any worries with someone who understands the problems and anxieties that living with diabetes can cause.

Our helpline team is here to answer your questions, offer support or just to chat when you need to speak to someone who knows about diabetes.

Call Scotland Helpline **0141 212 8710** or email **helpline@diabetes.org.uk**

Lines are open 9am to 6pm, Monday to Friday.



Getting the most out of your appointments

Review your care plan.

- Decide what you need to know. Use the space below to write down any points you want to talk about with your healthcare professional.
- Take any news stories or research you want to discuss or ask questions about.
- Check to see if you need any tests before your appointment.
- Check to see if you need to bring anything with you, such as a urine sample.

During the appointment:

- Listen actively – ask questions, give feedback and ask for clarification if you're unsure of anything.
- Make notes to help you remember what's been said.
- Consider taking someone with you who can help with questions or remember what's been said.
- Check you've covered the points you wanted to talk about.

After the appointment:

- Review what's been said and agreed, including when your next appointment is.
- Make a note of anything you need to do before your next appointment.



Now you've been through this guide, you should feel a little bit more confident about managing and talking to your doctor or nurse about your type 2 diabetes.

We've put together a checklist for you on page 66 to help you work out what you feel confident about and what you may want to find out more about.

Remember there's lot more support on **diabetes.org.uk** and our helpline is there for you.

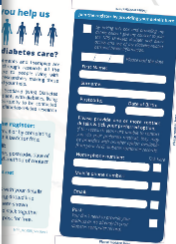
Below is a space for you to write down points you want to talk about in your appointments as well as notes to remember what's been discussed in appointments.

Talking points

DIABETES



New medical treatments and therapies are being developed through research all the time, bringing hope to people living with diabetes. But the researchers making these breakthroughs need your help.



The NHS Research Scotland (NRS) Diabetes Register gives all patients with diabetes, living in Scotland, an opportunity to be contacted about taking part in diabetes-related research projects.

By joining the Diabetes Register, you allow the NRS Diabetes Network to securely access your NHS diabetes computer records. Your NHS diabetes computer record consists of information held in SCI-Diabetes. SCI-Diabetes provides an electronic patient record to support treatment of NHS Scotland patients with diabetes.

HOW TO JOIN?



Email your:

- full name
- postcode
- date of birth and
- preferred method of contact to:

If a research project would benefit from someone with your health record taking part, a member of the research team will contact you to provide more information and ask if you would be interested (your name, preferred method of contact, Community Health Index (CHI) number and any other relevant health data are provided to the research team).

Whether to take part in a research project is your decision to make. You will receive all the information you need.

TAY.diabetesresearchregister@nhs.scot A Privacy Information Notice is available by request or online at <https://bit.ly/NRS-Diabetes>

To join by post:
Call 01382 383 595 and we will send you a leaflet. It's free to post back.

If you have any questions or want to find out more please contact NRS Diabetes at:

- Email: administrator-sdrn@dundee.ac.uk
- Telephone: 01382 383 595

Notes

Your personal checklist

Understanding of your condition	Yes
I am confident in my knowledge about my condition.	
I understand my condition can change over time.	
I understand what my medication is for and how often I should take it.	
I look after my own medication.	
I know about information and local support for people living with type 2 diabetes.	
I understand the importance of diabetes self-management courses and know how I can get referred onto one.	
I understand the importance of physical activity for my general health and managing my diabetes.	
I understand what it means to eat healthily and why this is important for my diabetes.	
I understand the risks of alcohol and smoking to my health.	
I know where to go to get emotional support about my condition.	

s	I would like some further information on this

INFORMATION PRESCRIPTIONS

The next section has a series of information prescriptions that should be completed with your healthcare professional.

They'll help you have a conversation and set action points to improve on as well as realistic targets.

Name:
Name of Doctor/Nurse:

Date:

Be active

Reduce your risk of type 2 diabetes

For some people, making small changes to your lifestyle, including being active, eating well and maintaining a healthy weight, can be effective in reducing the risk of type 2 diabetes by about 50%. This information sheet gives you some tips to help you get more active.

What are the benefits of activity?

As well as reducing your risk of type 2 diabetes, getting active can help you feel less stressed, sleep better and stay more mobile. Doing just a little bit more, every day, will make a big difference to your health.



How much activity?

Ideally, aim for at least 150 minutes a week of moderate intensity activity. This could be done by doing at least 30 minutes of activity five times a week.

Activities like walking fast and cycling all count. Add some activity that strengthens your muscles, like digging in the garden or yoga twice a week. Remember, doing any amount of activity is better than none.



Top tips to getting active

- **Start slow.** Your muscles will get stronger with time.
- **Make small changes to your daily life.** Walking is free and a great way of getting fitter. Enjoy a walk in your local park, get off the bus a stop early or leave the car at home for small trips. You may want to plan ahead if you have mobility issues. For example, add rest stops or check wheelchair accessibility.
- **Get a pedometer (stepcounter) or use an app.** You can set yourself fun challenges, like adding more steps to your normal activity level, and see this increase over time.
- **Get fit with friends.** Instead of meeting friends for a coffee or to watch TV, go for a walk in the park, visit the shops, play a sport like bowls or golf, or hit the dancefloor.
- **Sit less and move more.** Get up and walk around every 30 minutes and try standing whilst watching TV or on the phone. There are also chair-based exercises you can do, if standing is difficult.
- **Keep it interesting and fun.** There are so many activities to choose from. Try and find new activities that you might enjoy.
- **Ask about local support.** Many areas have walking groups or free exercise sessions. Diabetes UK also have information and free workout videos on their exercise webpages.
- **Don't give up.** Although your body benefits as soon as you become more active, you may not see changes straight away. It can take time for your body to get used to the activity, so keep going and **set goals that are right for you.**

Agreed action plan

My personal goal is:

To be achieved when:

The two steps that I will take to achieve this are:

(Discuss and agree with your doctor or nurse. Think about what, where, when and how?)

1

2

For information or support, call Diabetes UK Helpline: **0345 123 2399*** Monday to Friday, 9am-6pm, or go to **www.diabetes.org.uk/info-risk**

Name:
Name of Doctor/Nurse:

Date:

Diabetes and blood pressure

Information prescription

Your last blood pressure reading is

People with diabetes and high blood pressure are at increased risk of having a heart attack or stroke. By lowering your blood pressure, you can dramatically reduce your risk.

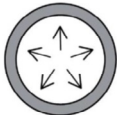
Recommended target for blood pressure is lower than

What does blood pressure mean?

It's the force your heart needs to push blood around your body. The two numbers show the biggest force your heart uses to push your blood and the least pressure when your heart has relaxed.

- Your doctor will advise on the best medications for you. You'll need to have your blood pressure checked to see how well it is working. Most people don't experience side effects. If you do it's important to tell your doctor.

Blood vessel



Normal



High

When is high blood pressure a problem?

High blood pressure (sometimes called hypertension) is when the force used to push blood around your body is normally higher than recommended. High blood pressure puts more strain on your heart and blood vessels. If you have high blood pressure, you may feel healthy, but it is causing damage to blood vessels.

How can I lower my blood pressure?

Getting support to make lifestyle changes has been proven to reduce blood pressure and make you feel healthier. Most people with diabetes will need medication as well. Some people require more than one type of medicine.

Get support to manage your weight

- If you are living with obesity or overweight, ask about a referral to your local weight management groups.

Eat a healthy balanced diet

- Reduce salt: eat less fast food, choose low-salt options, and do not add salt.
- If you drink, cut down on alcohol.
- Eat plenty of vegetables and fruit - aim for at least five portions a day.
- Eat less fatty foods, processed meats, pastries and cakes.
- Aim for at least two portions of oily fish a week.

Get more active

- Aim for 150 minutes a week to raise your heart beat. Activities like walking fast and cycling all count. Add some activity that strengthens your muscles, like gardening or yoga, twice a week.

Stop smoking

- For help giving up ask for your free NHS local Stop Smoking Service.

Agreed action plan

My personal goal is:

To be achieved when:

The two steps that I will take to achieve this are:

(Discuss and agree with your doctor or nurse. Think about what, where, when and how?)

1

2

Date to be reviewed:

For information or support, call Diabetes UK Helpline: **0345 123 2399*** Monday to Friday, 9am-6pm, or go to www.diabetes.org.uk/info-p

Name: _____
Name of Doctor/Nurse: _____

Date: _____

Diabetes and bad cholesterol

Information prescription

Your last cholesterol reading is: Total HDL

People with diabetes and high levels of bad cholesterol are at higher risk of having a heart attack or stroke. By lowering your bad cholesterol, you can dramatically reduce your risk.

What is cholesterol?

Cholesterol is a type of fat in the blood. Sometimes it is called lipids. There is good cholesterol and bad cholesterol. HDL (high-density lipoprotein) is good cholesterol which helps protect you from heart disease. Both triglycerides and LDL (low-density lipoprotein) are bad for you.

Most people need a medication to lower their bad cholesterol – the most common is a statin. These have been proven to lower cholesterol. **Most people don't experience side effects.** If you do it's important to speak to your doctor so they can find a medication that suits you.

Blood vessel



Normal



Furred up
with cholesterol

When is cholesterol a problem?

Too much bad cholesterol in the blood causes fatty material to build up in the blood vessels supplying the brain and heart, making them narrower. This can lead to a blockage in blood vessels, which can cause a heart attack or stroke.

How can I lower my cholesterol?

You can get support to make changes that lower your risk of having a heart attack or stroke. The next column explains how.

Get support to manage your weight

- If you are living with obesity or overweight, ask about a referral to your local weight management groups.

Eat a healthy balanced diet

- Eat less fatty foods, processed meats, pastries and cakes.
- Include wholegrains, such as oats or barley, and pulses.
- Plain nuts or unsweetened yogurt are healthy snack options.
- Aim for at least two portions of oily fish a week.
- Eat plenty of vegetables and fruit – aim for at least five portions a day.
- Replace butter, lard and ghee with vegetable oils and spreads.

Get more active

- Aim for at least 150 minutes a week of moderate intensity activity. This could be done by doing at least 30 minutes of activity five times a week. Add some activity that strengthens your muscles, like gardening or yoga, twice a week.

Stop smoking

- For help giving up ask for your free NHS local Stop Smoking Service.

Agreed action plan

My personal goal is:

To be achieved when:

The two steps that I will take to achieve this are:

(Discuss and agree with your doctor or nurse. Think about what, where, when and how?)

1
2

For information or support, call Diabetes UK Helpline: **0345 123 2399*** Monday to Friday, 9am-6pm, or go to www.diabetes.org.uk/info-p

Name:
Name of Doctor/Nurse:

Date:

Diabetes, contraception and pregnancy

Information prescription

Even if having a baby is the last thing on your mind, there are things you need to know. Diabetes increases the risks of complications in pregnancy, but by planning your pregnancy and seeking advice, you can reduce the risks and have a healthy and enjoyable pregnancy. And this starts with contraception.

What contraception can I use?

In general, women with diabetes can choose from the full range of contraception. If you have diabetes related complications, such as eye, kidney or nerve damage, your options may be more limited. Discuss with your healthcare team the best contraception for you.

The risks of pregnancy and diabetes

What are the risks to you?



- Having a miscarriage.
- Problems with eyes and kidneys.
- Having a larger baby which can cause problems during labour.

What are the risks to your baby?



- Heart problems, spina bifida and other disabilities.
- Being stillborn or dying shortly after birth.
- Problems after birth that require special or intensive hospital care.

Before trying for a baby

If you're not planning a pregnancy it's important to use effective contraception. If you are planning a pregnancy agree a plan with your healthcare team at least 12 weeks before trying to get pregnant. It may involve a little more work, but it will increase your chance of a successful pregnancy. The plan should include:

Medication

- Ask your doctor or nurse to review your medications as some routine medications taken by women with diabetes may harm your baby.

Blood glucose (sugar)

- Tight blood glucose control will increase your chances of having a healthy pregnancy. This can be difficult but it reduces the risks to your baby. Diabetes technology can help improve blood sugar management. Agree a target with your doctor or nurse that you feel you can safely achieve without problematic hypos (low glucose). It's important not to get pregnant if your HbA1c is over 86mmol/mol (10 per cent).

Folic acid

- You need a prescription for high dose folic acid (**5mg**) – start taking it **before** trying to get pregnant.

Lifestyle

- Achieving a healthy body weight and staying active will improve your chances of getting pregnant, help with your glucose control and your health during pregnancy.
- Stop smoking and drinking alcohol – for help giving up ask your doctor or nurse.

Unplanned pregnancy?

Don't panic. Ask your healthcare team for an urgent referral to the diabetes pregnancy clinic where you can agree a plan to reduce the risks to you and your baby.

Agreed action plan

My personal goal is:

To be achieved when:

The two steps that I will take to achieve this are:

(Discuss and agree with your doctor or nurse. Think about what, where, when and how?)

1

2

Name:
Name of Doctor/Nurse:

Date:

Eat well

Reduce your risk of type 2 diabetes

Research has consistently shown that for some people, combined lifestyle interventions - including diet, physical activity and sustained weight loss - can be effective in reducing the risk of type 2 diabetes by about 50%. So if you're at risk, it's important you seek support to take steps to manage your weight, eat well and be active. This information sheet gives you some tips that will help you eat a healthier diet, while still enjoying food.

Top tips for eating well to reduce your risk of **type 2 diabetes**:



Choose drinks without added sugar.

Cut down on full sugar fizzy and energy drinks and choose diet or low calorie versions with no added sugar. Try not to choose fruit juices or smoothies as these contain a high amount of free sugar.



Choose higher fibre carbohydrates.

Choose wholegrains such as brown rice, wholewheat pasta, wholegrain bread and oats. Include other healthy sources of carbohydrates such as fruits and vegetables, pulses, and dairy foods like unsweetened yogurt and milk.



Cut down on red and processed meat.

Choose healthier sources of proteins instead such as chicken, turkey, fish, eggs, unsalted nuts and pulses like kidney beans, chickpeas and lentils.



Eat more fruit and vegetables.

We should all aim for at least five portions a day. Try apples, grapes, berries, green leafy veg such as spinach, kale, watercress and rocket.



Choose unsweetened yogurt and cheese.

Dairy products like yoghurt and cheese have been linked with a reduced risk of type 2 diabetes, choose unsweetened options like plain natural or Greek yoghurt, and plain milk.



Be sensible with alcohol.

That's a maximum of 14 units per weeks and these units should be spread evenly

over 3-4 days. Remember alcohol is high in calories so think about cutting back further if you are trying to lose weight.



Choose healthier snacks.

If you want a snack, go for things like unsweetened yoghurts, unsalted nuts, seeds, fruit and vegetables. But keep an eye on your portions as it'll help you manage your weight.



Include healthier fats.

Unsaturated fats from olive oil, sunflower oil and rapeseed oil are better for your heart. Omega 3 fat, found in oily fish like mackerel and salmon, is linked to a reduced risk. Aim to eat two portions of fish a week, including one oily fish.



Cut down on salt.

Try to limit salt intake to 6g or less a day. Most of the salt we eat comes from processed foods so try to cut back on pre-prepared foods. Flavour your foods with herbs and spices instead of salt.



Getting vitamins and minerals from food instead of tablets.

We don't have the evidence to say you can reduce your risk of type 2 diabetes with certain vitamins or supplements. You should generally get all the vitamins and minerals you need by having a varied and balanced diet, although some people may need to take supplements such as folic acid prescribed for pregnancy.

Agreed action plan

My personal goal is:

To be achieved when:

The two steps that I will take to achieve this are:

(Discuss and agree with your doctor or nurse. Think about what, where, when and how?)

1

2

For information or support, call Diabetes UK Helpline: **0345 123 2399*** Monday to Friday, 9am-6pm, or go to **www.diabetes.org.uk/info-risk**

Name: _____
Name of Doctor/Nurse: _____

Date: _____

Diabetes and your feet

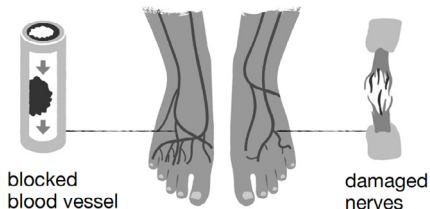
Information prescription

Your foot risk is: Moderate High

People with diabetes are at higher risk of developing serious foot problems, including ulcers and infections. These could lead to amputations and increase your risk of a heart attack and stroke. By managing your diabetes and looking after your feet you can reduce your risk of foot problems.

What you should know about your feet and diabetes

- Diabetes can damage the blood flow to your feet.
- Diabetes can damage the nerves in your feet, changing the way you feel things.
- High blood glucose (sugar) also increases the risk that any wounds or ulcers could become infected.



When do you have a foot problem?

The damage to nerves or blood flow can cause numbness, burning, dull ache or changes in the skin. If this happens, see your GP or podiatrist. However if you develop changes in the shape, colour or temperature or notice a wound you didn't know was there, see your local foot team urgently.

How do you keep your feet healthy?

Get to know what's normal for your feet. Remember, if you lose feeling in your feet you might not be able to feel damage - no pain isn't a sign that it's not serious.

Smoking

- Smoking makes it harder for blood to flow around your body. For help giving up, ask for your free NHS local Stop Smoking Service.

Look after your diabetes

- Keep your blood sugar, cholesterol, and blood pressure at safe levels. Talk to your doctor or nurse about your latest results and what your personal targets should be.
- Ask about local diabetes courses.

Eat a healthy balanced diet and stay active

- Lifestyle changes could help manage your diabetes. Some activities can increase the risk to your feet, so discuss new ways to get active with your clinician.

Look after your feet

- Check your feet daily or ask for help if you can't.
- Look after toe nails – not too short or long.
- Wear shoes and socks that don't rub – get your feet measured to check the fit of shoes.

Safety note

Check your feet every day for:



- broken skin, cuts or blisters that don't heal
- red, hot, swollen foot or toe
- colour changes
- new pain

If you notice any of these changes contact your local foot team within 24 hours as these can become serious problems very quickly. Please ask your healthcare professional to fill in the contact number.

Call: _____

Agreed action plan

My personal goal is:

To be achieved when:

The two steps that I will take to achieve this are:

(Discuss and agree with your doctor or nurse. Think about what, where, when and how?)

- 1
- 2

For information or support, call Diabetes UK Helpline: **0345 123 2399*** Monday to Friday, 9am-6pm, or go to www.diabetes.org.uk/info-feet-mod-high

Name:
Name of Doctor/Nurse:

Date:

Diabetes and your feet

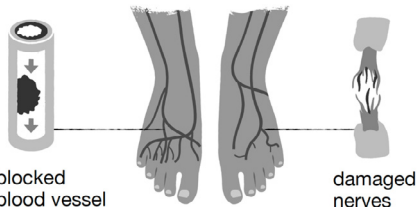
Information prescription

Your foot risk is: **LOW**

People with diabetes are at higher risk of developing serious foot problems, including ulcers and infections. These could lead to amputations and increase your risk of a heart attack and stroke. By managing your diabetes and looking after your feet you can reduce your risk of foot problems.

What you should know about your feet and diabetes

- Diabetes can damage the blood flow to your feet.
- Diabetes can damage the nerves in your feet, changing the way you feel things.
- High blood glucose (sugar) also increases the risk that any wounds or ulcers could become infected.



When do you have a foot problem?

The damage to nerves or blood flow can cause numbness, burning, dull ache or changes in the skin. If this happens, see your GP or podiatrist. However if you develop changes in the shape, colour or temperature or notice a wound you didn't know was there, ask for an urgent GP appointment.

How do you keep your feet healthy?

Get to know what's normal for your feet. Remember, if you lose feeling in your feet you might not be able to feel damage - no pain isn't a sign that it's not serious.

Smoking

- Smoking makes it harder for blood to flow around your body. For help giving up ask for your free NHS local Stop Smoking Service.

Look after your diabetes

- Keep your blood sugar, cholesterol, and blood pressure at safe levels. Talk to your doctor or nurse about your latest results and what your personal targets should be.
- Ask about local diabetes courses.

Eat a healthy balanced diet and stay active

- Lifestyle changes could help manage your diabetes. Some activities can increase the risk to your feet, so discuss new ways to get active with your clinician.

Look after your feet

- Check your feet daily or ask for help if you can't.
- Look after toe nails – not too short or long.
- Wear shoes and socks that don't rub – get your feet measured to check the fit of shoes.

How to check your feet

- Take off shoes and socks.
- Feel the temperature of your feet - are both the same? Noticeably hotter or colder than normal?
- Look for changes in skin and unexplained injuries.
- Look at your toes - checking for damage between your toes and that your nails aren't too long.
- It may be tricky to see all of your foot - ask for help or use a mirror.

If you notice a problem don't wait, make an appointment with your GP to get it checked out.

Agreed action plan

My personal goal is:

To be achieved when:

The two steps that I will take to achieve this are:

(Discuss and agree with your doctor or nurse. Think about what, where, when and how?)

1
2

For information or support, call Diabetes UK Helpline: **0345 123 2399*** Monday to Friday, 9am-6pm, or go to www.diabetes.org.uk/info-feet

Name: _____
Name of Doctor/Nurse: _____

Date: _____

Diabetes and high HbA1c

Information prescription

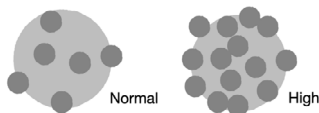
Your last two HbA1c results are ____/____/____ █ ____/____/____ █

Managing your blood glucose is important to reduce your risk of the long term complications of diabetes. Discuss and agree with your doctor or nurse your ideal target for HbA1c.

My recommended target HbA1c is: █

What is HbA1c?

It tells you your average blood glucose for the last two to three months. HbA1c measures how much glucose is stuck to your red blood cells. A finger-prick test shows you a snap-shot of your glucose at a moment in time, whereas HbA1c acts like a film recording how your glucose levels have changed.



When is high HbA1c a problem?

High levels of blood glucose over a long period of time can damage blood vessels, putting you at higher risk of the long term complications of diabetes such as sight loss, kidney damage and heart attack or stroke.

How can I lower my HbA1c?

Your HbA1c will change for many reasons including: being unwell, stress or depression, change in lifestyle or because of other medicine such as steroids. The actions you take to reduce your HbA1c will depend on whether you have type 1 or type 2 diabetes and your overall health. The next column has three main areas for you to consider.

Some people with type 2 diabetes have put their type 2 diabetes into remission (when blood sugar levels are below the diabetes range for at least 3 months), by losing a substantial amount of weight – 15kg (or 2 stone 5lbs) – safely and as quickly as possible following diagnosis. Remission of type 2 diabetes means glucose lowering medication is no longer needed. Ask your healthcare team for more information.

1 Education:

You should be offered education to help you manage your diabetes and help you understand what affects your blood glucose. Ask what's on offer in your area.

2 Medication:

It may be time for a review by your health care team of your medication to be sure it's best for your individual needs.

3 Lifestyle:

Discuss what changes can lower HbA1c:

Keep to a healthy weight

- Work with your healthcare team to find a weight loss plan that you enjoy and fits in with the rest of your life.

Eat a healthy balanced diet

- Choose healthier sources of carbs such as wholegrains, fruit and veg, unsweetened milk and yogurts. All carbohydrates affect blood glucose levels so you may need to eat less.
- Cut down on free sugars, red and processed meats and choose healthier fats.
- If you drink, keep your weekly alcohol intake to 14 units or less.
- Aim for at least two portions of oily fish a week.

Get more active

- Ideally, aim for at least 150 minutes a week of moderate intensity activity. This could be done by doing at least 30 minutes of activity five times a week. Add some activity that strengthens your muscles, like gardening or yoga, twice a week.

Stop smoking

- If you smoke ask for your free NHS local Stop Smoking Service for help giving up.

Agreed action plan

My personal goal is:

To be achieved when:

The two steps that I will take to achieve this are:

(Discuss and agree with your doctor or nurse. Think about what, where, when and how?)

1
2

For information or support, call Diabetes UK Helpline: **0345 123 2399*** Monday to Friday, 9am-6pm, or go to www.diabetes.org.uk/info-p

Name: _____
Name of Doctor/Nurse:

Date: _____

Diabetes – keeping your kidneys healthy

Information prescription

Your last two blood test results (eGFR) are ____/____/____

Your last two urine test results (ACR) are ____/____/____

A third of people with diabetes go on to develop kidney problems. Blood and urine tests can show the first signs of any damage and help you to keep your kidneys healthy.

What do my kidneys do?



Your kidneys are filters that remove harmful waste from your body in to your urine and keep the things you need, like proteins.

When happens when your kidneys are damaged?

High blood glucose (sugar) levels over many years can damage the small blood vessels in the kidneys and clog the filters. In the early stages of kidney disease there may be no visible symptoms. This is why it is so important to have tests for kidney disease at least once a year. The first sign of damage is protein leaking into your urine. It is important to pick this up early as there are many treatments to protect your kidneys from further damage. The two tests are:

- a blood test for eGFR (how well your kidneys are filtering).
- a urine test for ACR (how much protein is leaking).

Having high blood pressure causes further damage, which along with kidney disease, increases your risk of having a heart attack or stroke. With more advanced kidney disease you may feel unwell, tired or nauseous and your hands and feet may look swollen.

How can I keep my kidneys healthy?

In the next column are some really important things that you can do to keep your kidneys healthy.

Blood pressure

- Keep your blood pressure at a healthy level. You may need medication to do this.

HbA1c

- High blood glucose levels increase the chance of kidney damage. Discuss with your healthcare team about a target level you need to aim for.

Stop smoking

- For help giving up ask for your local free NHS Stop Smoking Service.

Cholesterol

- Lowering bad cholesterol is important to keep you healthy. You may need a statin to do this.

Eat a healthy balanced diet

- Reduce salt: Avoid adding salt in cooking and at the table and cook more meals from scratch.
- If you drink, keep your weekly alcohol intake to 14 units or less.
- Aim for at least five portions of vegetables and fruit a day.
- Choose healthier carbs and fats, eat more fruit and veg and cut down on free sugars, red and processed meat.
- Aim for at least two portions of oily fish a week.

Get more active

- Aim for at least 150 minutes a week of moderate intensity activity. This could be done by doing at least 30 minutes of activity five times a week. Add some activity that strengthens your muscles, like gardening or yoga, twice a week.

Agreed action plan

My personal goal is:

To be achieved when:

The two steps that I will take to achieve this are:

(Discuss and agree with your doctor or nurse. Think about what, where, when and how?)

1
2

Name: _____
Name of Doctor/Nurse: _____

Date: _____

Improving your diabetes knowledge

Information prescription

Improving your knowledge of diabetes puts you in control and could transform your life. A diabetes course (sometimes called structured education) is a tried and tested way to gain more knowledge about managing your diabetes to help prevent or delay any complications.

Why is learning about diabetes important?

Diabetes is serious. Understanding how diabetes affects your body and the treatments available is vital.

Even though you may feel fine today, it is important to understand how to live well with diabetes to continue feeling healthy in the future. A diabetes course is part of your treatment and is a key part of the care you should receive.



What will I learn from a diabetes course?

Diabetes courses cover topics that help you understand your diabetes better. They can be great places to meet other people and have your questions about diabetes answered. You can learn more about:

- tools to manage your diabetes
- food choices and how to be more active
- medication
- how to avoid diabetes problems
- making the most of your diabetes appointments
- and getting the right checks (eg foot check).

How will a diabetes course help me?

Completing a diabetes course can have many benefits.

- Improve your blood glucose (sugar) levels.
- Improve your overall health, giving you more energy.
- Feel more confident about managing your diabetes and talking to others about it.
- Learn new skills (eg carbohydrate counting).
- Live a happier, healthier life with diabetes.

How do I find out more?

- Learn more about some of the courses:
www.diabetes.org.uk/diabetes-education
- Taking time off work to attend a diabetes course?
Get more information about your rights at work:
www.diabetes.org.uk/info-work
- Contact your local diabetes support group to talk to others who have completed a diabetes course:
www.diabetes.org.uk/groups
- Go to Diabetes UK's Learning Zone – a free online service with videos and quizzes to learn more about your diabetes: www.diabetes.org.uk/info-learn

Information about diabetes courses near me

Agreed action plan

My personal goal is:

To be achieved when:

The two steps that I will take to achieve this are:

(Discuss and agree with your doctor or nurse. Think about what, where, when and how?)

1

2

For information or support, call Diabetes UK Helpline: **0345 123 2399*** Monday to Friday, 9am-6pm, or go to www.diabetes.org.uk/info-education

Name: _____
Name of Doctor/Nurse: _____

Date: _____

Diabetes and kidney disease

Information prescription

Your last two blood test results (eGFR) are ____/____/____

Your last two urine test results (ACR) are ____/____/____

A third of people with diabetes develop kidney problems. Your urine and blood tests have shown that you have kidney disease which puts you at higher risk of health complications. Discuss and agree with your doctor or nurse the ways that you can reduce your risk.

What do my kidneys do?



Your kidneys are filters that remove harmful waste from your body in to your urine and keep the things you need, like proteins.

When happens when your kidneys are damaged?

High blood glucose (sugar) levels over many years can damage the small blood vessels in the kidneys and clog the filters. In the early stages of kidney disease there may be no visible symptoms. This is why it is so important to have tests for kidney disease at least once a year. The first sign of damage is protein leaking into your urine. It is important to pick this up early as there are many treatments to protect your kidneys from further damage. The two tests are:

- a blood test for eGFR (how well your kidneys are filtering).
- a urine test for ACR (how much protein is leaking).

With more advanced kidney disease you may feel unwell, tired or nauseous and your hands and feet may look swollen. Having high blood pressure causes further damage, which along with kidney disease, increases your risk of having a heart attack or stroke. Over time your kidneys can fail, meaning you need dialysis or a transplant.

Kidney disease alert

- If you have dehydration, vomiting or diarrhoea, seek medical advice straight away as some of your medication may need to be stopped urgently.
- Some over-the-counter drugs are no longer safe so always tell the pharmacist.

How can I keep my kidneys healthy?

Actions you can take to slow down damage to your kidneys and reduce your risk of heart attack and stroke.

Blood pressure

- Keep your blood pressure at a healthy level. You may need medication to do this.

Lifestyle

- If you smoke ask for your free NHS local Stop Smoking Service for help giving up.
- You may get advice to avoid certain foods. You'll need to get support from a registered dietitian to help you with the changes to your diet.
- Talk to your kidney team before starting or increasing your physical activity and if your treatment schedule changes, such as an increase in dialysis sessions.

Medication

- Talk to your doctor or nurse about prescribing you an ACE inhibitor or an ARB to stop or delay any kidney damage from getting worse. Ask for a review of your other drugs as some of these are harmful if you have kidney damage.

HbA1c

- High blood glucose levels increase the chance of kidney damage. Discuss with your healthcare team about a target level you need to aim for.

Cholesterol

- Lowering cholesterol is important. Everyone with kidney disease and diabetes should take a statin.

Agreed action plan

My personal goal is:

To be achieved when:

The two steps that I will take to achieve this are:

(Discuss and agree with your doctor or nurse. Think about what, where, when and how?)

1
2

For information or support, call Diabetes UK Helpline: **0345 123 2399*** Monday to Friday, 9am-6pm, or go to **www.diabetes.org.uk/info-kidneys**

Name: _____
Name of Doctor/Nurse: _____

Date: _____

Type 2 diabetes remission

Information prescription

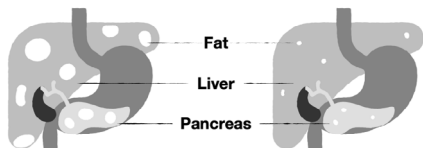
My last two HbA1c results were _____ on __/__/__ _____ on __/__/__

My weight was _____ on __/__/__, I'm aiming for _____ on __/__/__

If you are living with obesity or overweight, research shows it is possible to put type 2 diabetes into remission by losing a substantial amount of weight quickly. Even if your diabetes does not go into remission, there are still huge benefits to losing this amount of weight and then keeping that weight off.

What is type 2 diabetes remission?

When your blood sugar levels are below the diabetes range without needing to take any diabetes medications. This is when your HbA1c – a measure of long-term blood glucose levels – remains below 48 mmol/mol or 6.5% for at least 3 months without glucose lowering medications. To have the best chance of remission, aim to lose substantial amount of weight (about 15kg/2.5 stones) safely and quickly as possible following your diagnosis.



This weight loss removes harmful fat from the liver and pancreas, which research suggests is linked to remission.

Remission is not a cure or quick fix and long-term lifestyle changes are needed to maintain your weight loss and keep your diabetes in remission. You need to keep going to your diabetes reviews and eye screening each year to check your diabetes is still in remission and you are free from complications.

What are the benefits of remission?

Remission can be life changing. You could:

- be free from diabetes symptoms and the need to manage your diabetes
- stop taking diabetes medications
- reduce your risk of diabetes complications
- improve your quality of life and overall health

Can everyone who loses a substantial amount of weight achieve remission?

Not everyone who loses weight will be able to put their diabetes into remission and researchers are working out why. There are still benefits to losing weight:

- Reduced risk of diabetes complications.
- Taking fewer medications.
- Better mental well-being.
- Improved mobility, energy and sleep.

How can I work towards putting my diabetes into remission?

Strong evidence for remission comes from following a nutritionally balanced low-calorie weight management programme (around 850 calories) or having bariatric surgery. Both involve long-term behaviour change.

But there are different ways to lose weight and it's important to find the right approach for you.

- Talk to your healthcare team about services available in your area to support you to lose weight and maintain weight loss.
- Access information and tips on losing weight www.diabetes.org.uk/info-weight.

Safety note

Talk to a healthcare professional before you begin any intensive weight loss plan. Also, check if you need to reduce or stop any medications before you begin losing weight. Rapid weight loss is not advised if you are under 18, pregnant, breastfeeding or have ever been diagnosed with an eating disorder.

Agreed action plan

My personal goal is:

To be achieved when:

The two steps that I will take to achieve this are:

(Discuss and agree with your doctor or nurse. Think about what, where, when and how?)

1
2

Always use Information Prescriptions and set action plans in consultation with a healthcare professional

For information or support, call Diabetes UK Helpline: **0345 123 2399*** Monday to Friday, 9am-6pm, or go to www.diabetes.org.uk/info-remission

Notes

Notes

DiABETES SCOTLAND

KNOW DIABETES. FIGHT DIABETES.

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