



Insulin Dependent Diabetes Trust

Type 2 and You

Issue 4 - July 2010



Welcome to the fourth issue of Type 2 and You. In this issue we look at the issues around moving on to insulin. We also try to answer some of the questions we get about driving and diabetes and finally as the holiday season is upon us, we have some tips for managing your diabetes over the summer months.

Moving on to Insulin

On average, seven years after diagnosis people with Type 2 diabetes will need to start taking insulin. The reason for this is that the tablets people have usually been taking are no longer able to control the condition. For a lot of people this can be a time of upset, anxiety and confusion. In this article we are hoping to explore some of the “hows” and “whys” of starting treatment with insulin and give you some idea of what will happen and what you can expect.

Treatment with insulin usually begins when the tablets you have been taking are no longer able to control your blood sugar levels sufficiently well. There are risks and benefits to insulin therapy and your doctor or nurse should discuss these with you before you start using insulin. The main risk is the increased possibility of low blood sugar levels

(hypoglycaemia or hypos), whereas benefits include more stable blood sugar levels and an improvement in general well-being.

Before starting on insulin most people will have been taking tablets; metformin (Glucophage), which increases the body's ability to use the insulin it still produces and a sulphonylurea (Glibenclamide, Diamicon, Gliclazide, Amaryl, Glimepiride, Glibenese, Glipizide, Minodiab) which increases the amount of insulin it produces. Because of the way sulphonylureas work, they can lower blood sugar levels and cause hypos. When you start taking insulin, you will need to continue taking these tablets but you are further increasing the amount of insulin in the body, presenting the possibility of an increased risk of hypos.

Your doctor or nurse should show you how to gradually increase your insulin dose until your blood sugar levels are stable at a level agreed at the start of treatment. Regular blood testing and recording is important to avoid hypos and to stabilize your blood sugar levels as quickly as possible. If you do find you are having frequent hypos then you should discuss this with your doctor or nurse and it is likely that they will reduce or discontinue the sulphonylurea.

There are lots of different types of insulin available and they work in different ways. Long-acting or background insulins are designed to be absorbed gradually, over a long period of time. Short-acting insulins are designed to work quickly and are used to deal with the sharp increase in blood sugar levels that happens after eating a meal. Usually, your doctor or nurse will advise that you begin by taking a long-acting insulin which should be used once or twice a day, depending on the brand of insulin you are prescribed. However, different mixtures of long-acting and short-acting insulins are available. These are called pre-mixed insulins. These help your body cope with mealtimes as well as having a longer-lasting effect to help throughout the day. These are designed to be used twice a day. If you and your doctor or nurse think that one of these insulins would suit you then this should be discussed and they should tell you how often and when to inject.

There are many different devices that can be used for injecting

insulin, the most commonly used being a disposable "pen". Your doctor or nurse should discuss the options that are available to you so you can decide which to try first. You should also discuss with them about the disposal of needles and blood monitoring lancets so that arrangements are in place for their safe disposal.

Below is a list of things that you should be given before you start using insulin:

- education about how to use the insulin and the injection device prescribed for you, how insulin works, how it affects the body, and how you need to think about and control what you eat and drink.
- information about hypoglycaemia, how to best avoid it and what to do if it happens.
- a blood glucose meter to check your blood glucose levels, and information about how to use it.
- how to read the results and how to use them – for example, you should have information on what to do if there are unexpected changes in your glucose levels.
- support (on the phone and face-to-face) from a doctor or nurse with training and experience in managing insulin therapy.



Diabetes and Driving

IDDT receives quite a lot of queries about driving from people who have diabetes. Having diabetes does not prevent you driving a car or motorcycle, as long as your diabetes is well controlled and your doctor says that you are safe to drive. However, there are certain things that you must do:

- By law, you must tell your insurance company.
- If your diabetes is treated with insulin or [tablets](#), you must inform the DVLA. People with Type 2 diabetes treated by diet-only do not have to inform the DVLA but if you go on to tablets or insulin, then you must inform the DVLA.

STOP PRESS!

Changes to Driving and Type 2 diabetes treated with tablets, diet or both. The bullet point above states that [if your diabetes is treated with](#)

tablets, then you should inform the DVLA. This **was** the case but the DVLA now states:

“Drivers do not need to tell us if their diabetes is treated by tablets, diet or both and they are free of the complications listed overleaf.”

One of the complications listed is hypoglycaemia [low blood sugar]. Some tablets used to treat Type 2 diabetes can cause hypos. So if you are taking tablets to control your diabetes and you are unsure about whether or not they may cause hypoglycaemia, then it is better to play safe and inform the DVLA. Also remember, however your diabetes is managed you must always inform your insurance company.

- If you develop any complications that may affect your ability to drive, you must inform the DVLA.

If you do not inform the DVLA and/or your insurance company, your insurance will not be valid and you will not be covered.

The DVLA - what you need to do...

- If you already hold a driving licence, write to the DVLA to tell them you have diabetes and what treatment you are on. If you are treated with insulin, you will be sent a further form [called Diabetic 1] which asks you for more information, including the details of your GP or hospital clinic doctor. You will also be asked for your permission to contact this doctor directly, if necessary, to obtain information on your fitness to drive.
- If you are treated with insulin, a medically restricted driving licence for vehicles up to 3.5 tonnes will be issued for up to 3 years. When this expires you will be sent a reminder and probably another Diabetic 1 form. For up to date information.
- If you are treated with tablets, you are not always sent a Diabetic 1 form. If you have no other medical conditions that affect driving, usually you will be given a full driving licence.

Safe driving

- If you are unsure about driving, you should discuss this with your

diabetes team. You should not drive if you:

- Have difficulty recognising the warning signs of hypoglycaemia [loss or reduced warnings].
- Have difficulties with your eyes that cannot be corrected with glasses.
- Have numbness in your legs.
- Have been drinking alcohol – apart from this being the same for people without diabetes, alcohol lowers blood sugars.

Hypos and driving

The risk of hypoglycaemia is one of the main reasons there are restrictions on people with diabetes driving. So the advice is:

1. Always carry sugary carbohydrate food and/or drink in your car.
2. Do not drive for more than 2 hours before stopping for a snack.
3. Check your blood sugars before and during your journey.
4. Carry identification on you and in the car stating that you have diabetes and how it is treated.

If you feel hypo while driving

1. Stop the car as soon as it is safe to do so.
2. Remove the ignition key and move into the passenger seat so that it is clear that you were not hypo when actually driving.
3. Immediately eat fast-acting carbohydrate – glucose tables, sugary food or drink. Then eat longer-acting carbohydrate – biscuits, sandwich, even crisps.
4. Check your blood sugar and do not drive again until your blood sugars have been above 4mmols/l for 45 minutes.

For more detailed information about medical conditions and driving, visit the DVLA website at: <http://www.dft.gov.uk/dvla/medical.aspx>

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Holiday Tips

If you are going on holiday this summer, it may be the first time you

have travelled since your diabetes was diagnosed. We hope that this article will give you a few practical tips whether going on holiday abroad or in this country.

Precautions when travelling by air

- Carry two lots of medication, testing equipment and syringes/pens and distribute them between two different lots of hand luggage. Luggage does get lost.
- You should always carry a card to say that you have diabetes. If you use insulin, you will need a letter from your GP to explain that you have to carry insulin and other diabetes equipment on board with you.
- Always take more medication than you need in case of loss or breakages. It is also a good idea to take an extra prescription with you, just in case.

Holiday Insurance

If you have diabetes, travel agents are not the best people to provide holiday insurance. Shop around, but always declare your diabetes and any other medical conditions, otherwise you may not be covered if you need to use the insurance. If you are going on holiday in Europe, remember to take your European Health Insurance card (EHIC) and proof of being a UK resident eg driving licence. The EHIC is available at the Post Office.

Coping with diabetes and the heat of summer

- Drink plenty of water as dehydration can raise blood glucose levels.
- Sunburn can raise blood glucose levels, so avoid spending long hours in the sun and wear sunscreen of at least 30 SPF.
- Shield your meter from the sun and test strips should be kept in a cool, dry place.
- Hot weather may affect blood glucose levels and can lead to low blood sugars.

IDDT Quarterly Publications

IDDT produce a wide range of **free** information leaflets, including information on Carbohydrates, Hypoglycaemia, Diet and Exercise and Exercise and your Heart. These can be sent by post or downloaded from our new website.

For more information contact us!

Insulin Dependent Diabetes Trust

PO Box 294, Northampton, NN1 4XS

Telephone: 01604 622837

E-mail: enquiries@iddtinternational.org

Or visit our new website:

www.iddtinternational.org



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PO Box 294
Northampton
NN1 4XS

tel: 01604 622837

fax: 01604 622838

e-mail: support@iddtinternational.org

website: www.iddtinternational.org