

Diabetes and insulin



A pamphlet for adults
who need insulin for either
type 1 or type 2 diabetes



diabetes
new zealand

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Who this pamphlet is for?

This pamphlet is for adults who are starting insulin for type 1 or type 2 diabetes. The pamphlet contains information about:

- type 1 and type 2 diabetes
- using insulin to treat diabetes
- managing diabetes
- monitoring your blood glucose levels using self-testing
- staying well by eating well, doing physical activity, and making the most of appointments with your diabetes team.

What is diabetes?

A person with diabetes produces insufficient insulin to control glucose (sugar) levels in their blood. Everyone needs some glucose in their blood, but the level of glucose should not be too high. High glucose levels can damage your body over time.

Glucose in the bloodstream comes from carbohydrate foods, which are changed into glucose after you have eaten them. Your liver also makes some glucose.

Insulin is a hormone produced by the pancreas. If you have diabetes, your body does not produce enough insulin to keep your blood glucose levels in the normal range. This happens because:

- your pancreas can't produce enough insulin; or
- your body has become insulin resistant (insensitive to insulin) and the pancreas can't produce enough insulin.

The two main types of diabetes

Type 1 diabetes

If you have type 1 diabetes, your body does not produce any insulin (or it produces very little). Type 1 diabetes is most commonly diagnosed in children and adolescents; however, it can occur at any age.

This type of diabetes cannot be prevented, but can be managed through a combination of healthy food choices, exercise and medication.

Type 2 diabetes

If you have type 2 diabetes, your body produces too little insulin to process glucose. The risk of developing type 2 diabetes increases with age, but it can develop at any age. By following a healthy lifestyle, you can reduce your chances of developing type 2 diabetes.

Diagnosis of diabetes

Type 1 and type 2 diabetes are diagnosed by blood tests.

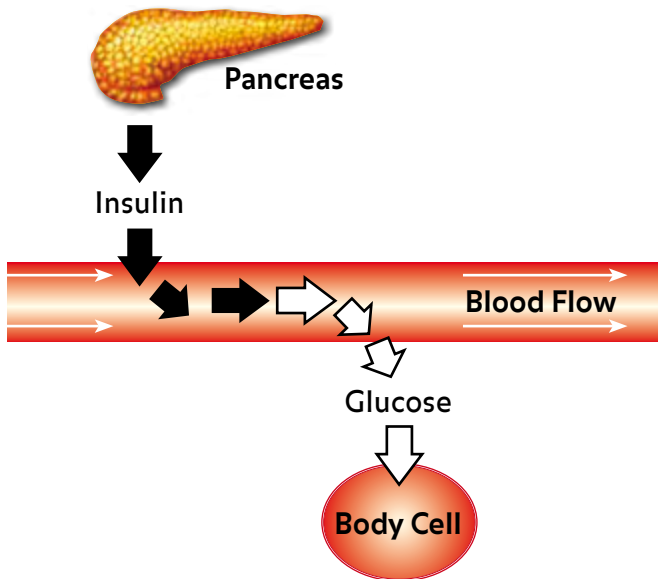
People with undiagnosed type 1 diabetes can become very ill, with high glucose and ketone levels (ketones build up when your body can no longer use glucose and switches to burning fat cells as an energy source). This can result in dehydration and possible coma. This is called 'diabetic ketoacidosis' and needs urgent medical attention. (See more on page 7.)

What is insulin?

Insulin is a naturally occurring hormone produced by the pancreas. It needs to circulate in your bloodstream to work properly.

Insulin has two jobs in the body.

1. Insulin moves glucose from the blood into fat and muscle cells.
2. Insulin stops the liver producing glucose when the level of glucose in the blood is at the right level.



Using insulin

Insulin is injected underneath the skin into fatty tissue where it is absorbed into the bloodstream over time. Insulin is injected by syringe, insulin pen, or insulin pump. Discuss with your diabetes team what method is best for you.

The Diabetes New Zealand website – www.diabetes.org.nz – has further information about insulin and equipment for treating diabetes. Companies that produce insulin and insulin equipment also publish instructions and useful tips.

Different types of insulin

There are different types of insulin – short-acting and ultra-short-acting insulin, and intermediate and long-acting insulin. Insulin also comes in premixed combinations. Your diabetes team will discuss the best type for you.

Your diabetes team will prescribe the dose and combination of insulin you will need. The dose will be adjusted until your blood glucose levels are within the recommended range.

As time goes on, you will learn how to safely adjust your insulin dose to fit in with your daily routine and with any illness or changes to your lifestyle.

Injection sites for insulin

The stomach (abdomen) is the best place to inject, as insulin is absorbed more evenly and quickly there. Insulin can also be injected into the thighs or buttocks. It's important to change the place that you inject (your 'injection site') from time to time. If you always inject in the same place, your skin can become lumpy at that site.



Sometimes short-acting insulin is injected into the stomach, and the night-time, long-acting insulin is injected into the thigh. Your diabetes team will help you decide on the best injection places for you.

Managing your diabetes with insulin

The aim of insulin therapy is to keep your blood glucose level as close to normal as possible (4–8 mmol/L). This reduces your risk of long-term damage and complications to your body, and increases your chances of living a long and healthy life.

Using insulin is only part of the treatment. Healthy eating and physical activity will also help you stay well. It is important that you and your family get support from members of a healthcare team who can help you manage your diabetes.

Insulin for type 1 diabetes

If you have type 1 diabetes, you will have to manage your blood glucose levels with insulin.

When you start on insulin, your pancreas is able to rest and there may be a small window of recovery when it will produce insulin. This is called the 'honeymoon period' and less insulin is required at this time. Not everyone experiences a honeymoon period.

Over time (weeks to months), your pancreas will become unable to produce insulin and all your body's needs will have to be met by insulin injections.

Insulin for type 2 diabetes

Some people with type 2 diabetes will need insulin treatment to help them manage their blood glucose levels.

You may have had type 2 diabetes for some years and gone through all the treatment steps, including following a healthy lifestyle (for example, eating healthily and being physically active) and taking diabetes tablets, but at some stage your doctor may still recommend insulin as an additional treatment. You might need to keep taking some or all of your diabetes tablets.

In type 2 diabetes, tablets are often used to reduce insulin resistance or to stimulate the pancreas to produce more insulin (or to do both). These tablets do not contain insulin, but other ingredients that stimulate insulin production. Other tablets may also be prescribed to help control your blood pressure and to reduce your cholesterol level.

For more information on type 2 diabetes, please see the Diabetes New Zealand pamphlet *Staying Well with Type 2 Diabetes*.



Taking insulin is just another step in your treatment

It is normal to feel some anxiety at the thought of needing insulin and having to self-inject. It is important to know that insulin is just another step in the treatment of diabetes. Often people say they feel much more energetic on insulin and hadn't realised how tired they were. They also say it is much easier than they had expected and not painful to inject.

Most people take insulin by injection. Some people use an insulin pump. You cannot take insulin in tablet form because the acid in your stomach would destroy it. Researchers are still looking for alternative ways to give insulin.

Your GP will refer you to the most appropriate person in your area to learn everything you need to know about starting insulin. You will need to test your blood glucose levels more often for a while until your levels stabilise. The type of insulin, dose, and number of injections per day vary from person to person; your diabetes team will work this out with you.



Monitoring your blood glucose levels

Self-testing

Self-testing your blood glucose levels is an important part of your diabetes management. Self-testing means you can:

- monitor your blood glucose, and control and make adjustments to your insulin doses
- detect highs and lows in your blood glucose and treat them appropriately
- adjust your insulin when you are doing physical activity or when you are unwell.

Most people self-test blood glucose levels using a finger-pricker needle (a device with a small disposable needle used to draw blood from the finger), testing strips, and a blood glucose meter.

For most people, your blood glucose should be between 4 and 8 mmol/L.

Your diabetes team will help you choose the best meter for your needs. They will also show you how to use it and how to record your results.

When to test

When you first start on insulin you need to test your blood glucose levels at least three or four times a day – before meals, two hours after meals, and at bedtime. It can be useful to test your blood glucose levels occasionally overnight to make sure your evening dose of insulin is appropriate.

Write the results down in a logbook so you can track your progress and pick up any patterns. Ask a member of your diabetes team for a logbook.

There may be certain times of the day when your blood glucose level is higher or lower than usual. You may need to correct your insulin dose. Discuss this with members of your diabetes team. Once you and they have found an insulin dose that suits you, you can test less often.

How to test

Always wash your hands before testing, as any traces of glucose on your fingers (such as after eating food) will give a falsely high reading.

Change your finger-pricker needle regularly.

When you start a new batch of testing strips, you will need to standardise the strips to match your meter (this is called 'calibrating' the strips). The instructions on the packet will show you how to calibrate your strips.

You may be able to download the information on your meter to a computer software programme so you can analyse it with your diabetes team.



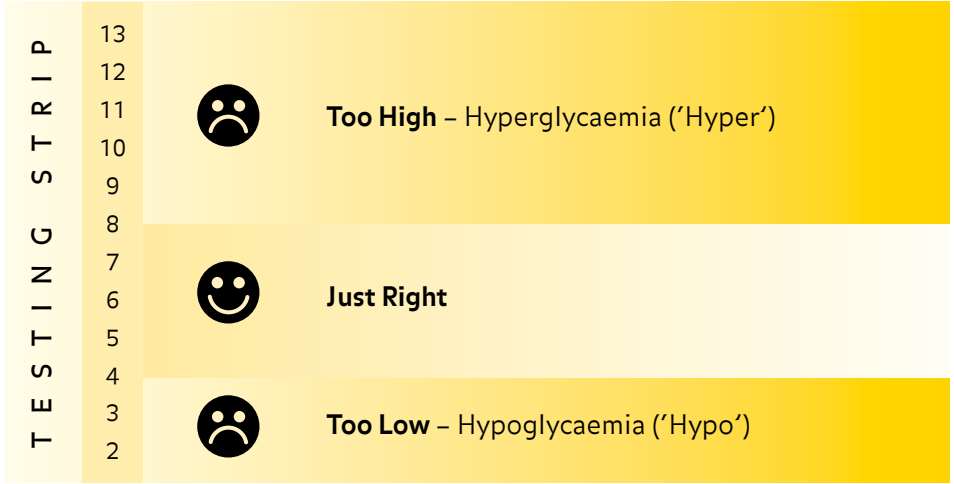
What are ketones and ketoacidosis?

When your body has too little insulin available, it can no longer use glucose for energy and it switches to burning fat cells as an energy source. The by-product of burning these fat cells are ketones, which begin to build up in the body. This build-up can lead to ketoacidosis, a life-threatening condition that needs urgent medical attention. Your doctor may prescribe ketone sticks so that when you have high blood glucose levels you can test your urine for the presence of ketones.

If you have high blood glucose levels, your kidneys try to get rid of the extra glucose through your urine. This is why you may go to the toilet more often. You lose more water and can become dehydrated.

What are hyperglycaemia and hypoglycaemia?

Blood glucose levels, for most people



Hyperglycaemia ('Hyper')

Hyperglycaemia is when your blood glucose levels are too high.

What are the warning signs of a hyper? <ul style="list-style-type: none">• Feeling thirsty• Needing to pass urine often• Tiredness, loss of energy• Getting infections• Having blurred eyesight• Having a dry mouth	What causes high blood glucose levels? <ul style="list-style-type: none">• Eating too much food• Eating the wrong type of food• Not doing enough physical activity• Not taking your medication• Getting sick• Being emotionally stressed• Not taking enough insulin
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Beware – if your blood glucose has increased slowly over time you may not have any symptoms of hyperglycaemia. Your body can get used to having high blood glucose levels, and this can result in long-term complications, such as eye, kidney, and nerve damage.

Hypoglycaemia ('Hypo')

Hypoglycaemia is when your blood glucose level is too low (this is known as 'having a hypo'). All people on insulin are at risk of having a hypo.

Hypos can happen suddenly – make sure people around you know the signs and how to help you.

What are the warning signs of a hypo?

- Feeling hungry
- Feeling light-headed or dizzy
- Having sweaty skin
- Having blurred eyesight
- Being confused, anxious or irritable
- Having a headache
- Having trembling or weak hands and knees
- Having pins and needles around the lips and tongue
- Having a thumping heart

What causes low blood glucose levels?

- Missing a meal or snack
- Not eating enough carbohydrate
- Doing more physical activity than usual
- Taking too many diabetes pills or too much insulin
- Drinking too much alcohol

Treat hypos immediately. See next page on how to treat a hypo.



How to treat a hypo

1

Eat or drink one serving of a quick-acting carbohydrate.

Choose one serving from the list opposite.

Example:

4 Dextro Energy tablets = one serving

6 large jellybeans = one serving

2

After 10 minutes, test your blood glucose level again. If it is still less than 4 mmol/L, eat another serving of quick-acting carbohydrate.

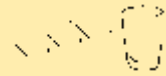
3

Once your blood sugar is above 4 mmol/L, if it is your mealtime, eat your meal, otherwise eat or drink a snack, such as:

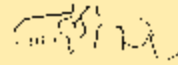
- a slice of bread
- a pottle of yoghurt

Quick-acting carbohydrate

3 teaspoons of glucose powder in water



4 Dextro Energy tablets



5 Vita Glucose tablets



3 or 4 teaspoons of honey



A small glass (150ml) of sweetened soft drink, fruit juice or 100ml of Lucozade



8–10 small or 6 large jelly beans



When you have treated your hypo, ask yourself why it happened and work out what you need to do to stop it from happening again.

You should not be having hypos. If you can't find a cause or they keep happening, see a member of your diabetes team or your general practitioner.

Staying well

Preventing complications

You can reduce the risks of long-term damage from diabetes by:

- achieving and maintaining control of your blood glucose levels
- controlling high blood pressure and high blood cholesterol
- keeping all appointments with your diabetes team and general practitioner
- talking over any concerns about your health with your diabetes team
- following a healthy lifestyle.

Your diabetes team will give you a check-up every year to make sure you aren't developing complications. At the check-up, your doctor will test your:

- blood pressure
- HbA1c (glycosylated haemoglobin) levels
- blood cholesterol levels
- kidneys
- eyes
- feet.

Learn as much as you can about your diabetes. Talk to members of your family and friends, and ask for their support. Join your local diabetes society for further information and support.



Healthy food choices

Diabetes New Zealand healthy eating plan

Your blood glucose levels are directly affected by the kinds and amounts of carbohydrate (starchy foods and sugar) you eat. The amount of insulin given at each meal will need to match the amount of carbohydrate in your meal. Members of your diabetes team will teach you how to do this.

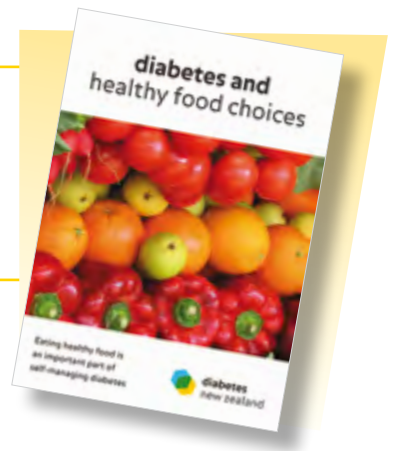
People with diabetes do not need to buy special foods or cook separate meals. The whole family can eat the same healthy foods.

To stay well and keep your blood glucose at a healthy level:

- drink plenty of water and stop drinking fruit juice and sugar-sweetened drinks
- eat breakfast, lunch, and dinner every day
- eat some carbohydrate at each meal, but not too much
- stop eating foods high in sugar
- choose foods low in fat –this will reduce your chances of having a heart attack or stroke
- follow the Diabetes New Zealand Healthy Plate (see opposite page)
- match the food you eat to your weight, medications, medical conditions, and level of activity.

For an ideal eating plan, ask your diabetes team to refer you to a New Zealand registered dietitian.

For more general information on healthy food choices for people with diabetes, please see the Diabetes New Zealand pamphlet *Diabetes and Healthy Food Choices*.



Diabetes New Zealand Healthy Plate



1 serving should fit in the palm of your hand

$\frac{1}{4}$ of your plate or 1 serving* should be protein

Protein

meat or chicken or fish or eggs...

Carbohydrate

potato or kumara or pasta or rice or taro...

$\frac{1}{4}$ of your plate or 1 serving* should be carbohydrate

Other vegetables

broccoli, cabbage, cauliflower, lettuce, tomato, carrots, peas...

Vegetables to fill $\frac{1}{2}$ your plate

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For more information on the Diabetes New Zealand Healthy Plate see the Diabetes New Zealand pamphlet *Diabetes and Healthy Food Choices*

The timing of your meals and snacks

Eating meals and snacks at the same time each day helps to keep your blood glucose levels within the target range (between 4 and 8 mmol/L for most people).

Plan to have your meals no longer than four to five hours apart.

Your diabetes team will help you work out the best times to eat; this will vary from person to person depending on the type of insulin you are on. Some courses of insulin allow greater flexibility with food than others.

You may not need to have snacks; discuss this with members of your diabetes team.

Physical activity

Various types of physical activity– aerobic exercise, stretching, and weight resistant exercise – are a key part of managing diabetes. Undertaken regularly, and with advice from your diabetes team, physical activity can assist with weight management and help decrease insulin resistance

You may need to adjust your insulin if you are going to do vigorous or prolonged activity. Exercising muscles ‘burn up’ more glucose than resting muscles.

Physical activity can affect the absorption of insulin. Inject insulin into your stomach before activity so that muscle activity doesn’t affect the speed of action of the insulin.

It’s useful to test your blood glucose levels before starting exercise so you know if you need extra carbohydrate before or during the exercise. You need to test your blood glucose after activity as well, as sometimes you can have a delayed hypo some hours afterwards. Just talk to your diabetes team or your general practitioner.

The most important step is getting started. If you have not been doing any physical activity, find an activity that you enjoy and are physically able to do. It’s okay to start slowly and then build a routine little by little.

When you’re doing physical activity, always carry some quick-acting carbohydrate with you to treat a hypo. See page 10 for a list of quick-acting carbohydrates.



It is a good idea to see your doctor before you start a routine of physical activity. You should certainly check with your doctor if you have complications related to your diabetes.

Physical activity is a prescription for good health. It is one of the best things you can do for your diabetes and your overall health. It is underestimated and underused as a treatment and management tool for diabetes.

For more information on physical activity for people with diabetes, please see the Diabetes New Zealand pamphlet *Diabetes and Physical Activity*.



Your diabetes team

Make the most of appointments with those in your diabetes team. Always take your blood glucose logbook and a list of questions or concerns. You may like to take a support person to your appointments.

The team is there to help you self-manage your diabetes. They will work with you to set goals that are right for you.

Because diabetes affects many parts of your body and your life, you will be receiving care from a number of different health professionals. Depending on your health, you may need to see the following team members.

Specialist	Name	Phone
Doctor (GP)	Name	Phone
Practice Nurse	Name	Phone
Diabetes Nurse	Name	Phone
Dietitian	Name	Phone
Podiatrist	Name	Phone
Eye specialist	Name	Phone
Dentist	Name	Phone
Diabetes NZ Local Society	Name	Phone
Diabetes Society Field Officer	Name	Phone
Diabetes Supplies Ltd	Freephone 0800 342 238	
Pharmacy	Name	Phone
Other	Name	Phone

Your local diabetes society can provide support, resources, and information on useful services available in your area. Phone Diabetes New Zealand 0800 369 636 to find the contact person for your local diabetes society.

Glossary

Blood glucose	The amount of glucose (or sugar) circulating in the blood. Glucose is measured in millimoles per litre (mmol/L). Recommended blood glucose is 4 to 8 mmol/L for most people.
Finger-pricker needle	A device with a small disposable needle used to draw blood from the finger.
HbA1c (Glycosylated haemoglobin)	Measures how much glucose is attached to your red blood cells. Red blood cells have a life span of about six weeks and so the test gives a good indication of what your overall blood glucose levels have been through that time.
Hyperglycaemia 'Hyper'	Higher than recommended blood glucose levels (over 8 mmol/L).
Hypoglycaemia 'Hypo'	Lower than recommended blood glucose levels (under 4 mmol/L).
Insulin	A hormone produced by the pancreas that helps glucose enter the body cells where it is used for energy
Insulin pen	An insulin injection device the size of a pen. This device includes a needle and holds replaceable cartridges of insulin. It can be used instead of syringes for giving insulin injections.
Insulin pump	A small mechanical device about the size of a small cellphone. This device releases insulin into the tissues of the body through tubing and a needle inserted just under the skin.
Insulin resistance	Being insensitive to insulin. This happens when the body is not able to use insulin efficiently.
Ketones	A by-product of the body burning fat cells when too little insulin is available.
Ketoacidosis	A life-threatening condition caused by a build-up of ketones in the body.



Diabetes and insulin is produced by Diabetes New Zealand.

To learn more about diabetes:

- talk to your doctor or practice nurse
- visit www.diabetes.org.nz
- join Diabetes New Zealand

To order *Diabetes and insulin* or any of the Diabetes New Zealand information booklets, phone 0800 DIABETES (0800 342 238), or email info@diabetes.org.nz, or Freepost Diabetes NZ, PO Box 12441, Wellington 6144.

Diabetes New Zealand is a national membership organisation. Our aim is to support people affected by diabetes and health professionals throughout New Zealand. We act for people affected by diabetes by:

- providing local support
- acting as an advocate
- raising awareness of diabetes, especially interventions that will prevent type 2 diabetes or reduce diabetes complications
- educating and informing people about diabetes, its treatment, management and control
- supporting research into the treatment and cure of diabetes.

You'll find helpful information for people affected by diabetes in our pamphlets and on our website at www.diabetes.org.nz.

Take the right steps and stay healthy
Join Diabetes New Zealand
Phone 0800 DIABETES (0800 342 238)
Visit www.diabetes.org.nz

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