

Newly Diagnosed Type 2 Diabetes What Happens Next?



**A guide for patients and
healthcare professionals**

Introduction

The Diabetes Team have produced this booklet to help you to understand your diabetes, how it will affect you and how to stay healthy.

What is Type 2 Diabetes?

Diabetes occurs when the level of glucose (sugar) in your blood is higher than normal. Glucose comes from the carbohydrates in the food you eat (food such as **rice, pasta, cereals, bread, chapatti, sweet foods and drinks**). Glucose is used as energy.



Insulin is the hormone that “**unlocks**” the cells in your body allowing the glucose to enter the cells to be used for energy. If your body does not produce enough insulin or cannot use the insulin efficiently, then your blood glucose levels will **rise**.

Type 2 diabetes develops when your body cannot use its own insulin properly. We call this **insulin resistance**. If left untreated high blood glucose levels can lead to long-term health problems such as **heart attack, stroke and damage to blood vessels and nerves**.

“Now you have been diagnosed with diabetes, you have the opportunity to look after yourself and avoid some of the risks”

Types of Diabetes

There are **3** main types of Diabetes

Type 1

Type 2

Gestational
(which occurs during pregnancy)

All have **different causes** so they are **treated differently**, however The symptoms are similar for all types.

Symptoms you may have:

- Dehydration and feeling thirsty
- Going to the toilet more often, especially at night
- Feeling really tired
- Blurred vision
- Weight loss (without trying)
- Itching in the genital area and frequent episodes of thrush
- Recurrent infections
- Wounds or cuts slower to heal than normal

“Type 2 diabetes develops slowly over a long period of time, you may not have noticed any symptoms or you may have put them down to getting older.”

Why have you developed Type 2 diabetes?

It usually appears in middle age or later but younger people are now developing type 2 diabetes too. People at risk from developing diabetes type 2 are **White people aged over 40** and people from **Asian, African, Caribbean and ethnic minority groups aged over 25 years**.



Contributing Factors

- If diabetes is “in the family” ie mother father or brother/ sister (particularly prevalent in Asian or Afro-Caribbean communities)
- If you are overweight (BMI of 25-30 kg/m² and above)
- If you are inactive or avoid exercise such as walking
- If you have thyroid disease
- If you have pancreatic disease
- If you are on long term steroid treatment or taking drugs to treat a mental health disorder
- If you have disorder of the blood vessels of the brain (cerebrovascular disease)
- Problems with circulation, including heart attack and stroke (peripheral vascular disease.)
- Women who have had diabetes during pregnancy (Gestational Diabetes)
- Women with polycystic ovary syndrome (PCOS) who are obese

How will I manage my diabetes?

Your practice nurse and doctor are there to advise and help you with your diabetes. Make an appointment to see them as soon as you can.

Annual Review

Your care will include an **annual check up** which involves looking at your **blood glucose control, kidney function, and lipid levels (Cholesterol), weight, feet, blood pressure, smoking** and your **general well being**.



A referral for an annual eye test called **retinopathy screening** will also be arranged. This is **free** of charge and is different from a normal eye test for glasses. The **Retinal Screening Team** will come to your GP surgery and the GP will invite you to attend. If you are unable to attend it is important to let your GP know so other arrangements can be made.

You should also be invited to attend an **education session** called **DESMOND (Diabetes Education and Self Management On-going and Newly Diagnosed)** which has been designed for you.

You can ask your practice nurse to refer you or you can contact the DESMOND office directly to refer yourself. (See back of booklet).



What can you do?

There are steps you can take to help tackle **insulin resistance**.

1. *“Eat a healthy balanced diet- low fat, low sugar and low salt with plenty of fruit and vegetables. Try to avoid foods that are high in sugar and fat and limit your alcohol consumption”.*



2. *“Reduce your portion size to help lower your blood glucose levels and be a positive step to improving your health”.*



3. *“Try to lose weight if you are overweight- this will help with insulin resistance and your blood glucose levels. It will also help lower blood pressure, lower unhealthy lipids, increase your energy and make you feel good about yourself.”*



4. *“Keep active- regular activity will improve insulin resistance and blood glucose levels. It will also help your circulation, heart and keep your weight under control.”*



5. *“In addition to making these changes you may need medication. Tablets do not cure diabetes, but help you control the condition. Some tablets work by tackling insulin resistance and others by increasing the amount of insulin your body produces”*



- You may need a **combination of diet and tablets**. Your doctor will advise which are the best for you.
- Tablets **lowering cholesterol** and **blood pressure** may also be necessary.

“If tablets, diet and exercise are not sufficient to control your diabetes you will need to inject insulin. This does not mean you have Type 1 diabetes.”

How can I monitor my diabetes?

Monitoring your sugar levels can help you to understand much more about the effects of food, exercise, work and general lifestyle changes on your sugar levels. It is impossible to tell how well controlled the sugar level is without doing some form of monitoring with either HbA1c (nurses), or home blood glucose monitoring or urine testing by the person with diabetes.

There are three ways that diabetes control can be monitored.

A simple urine test

A simple urine test may be sufficient. This monitors how much glucose your body is in your urine.



blood testing

Blood testing may be necessary, your practice nurse will discuss this with you.



HbA1c test

A test for your long-term diabetes control will be taken at your **annual review**. It is called a **HbA1c blood test**. This test determines how much glucose is attached to your red blood cells over a **3 month period**. (*See our HbA1c Booklet*)

In order to know how your diabetes is controlled on a day to day basis you may need to test your urine or your blood and record your results in a monitoring diary.

Not everybody needs to do urine or blood testing themselves because regular HbA1c testing might give enough information.

Your diabetes team will discuss the best way of testing with you.

Example of a self monitoring diary

Self Blood Glucose Monitoring Diary

DATE	Before eating am	2 hr. after breakfast	2 hr. after lunch	2 hr. after dinner	Amount of insulin	NOTES

What next?

This is an introduction to Type 2 diabetes. Remember, we are all individuals and each person's diabetes will progress and be treated differently.

If you are worried or do not understand any information you have been given please speak to your GP or Practice Nurse.



Useful numbers and Contacts

GP/ Practice Nurse

Diabetes UK website www.diabetes.org.uk

Leicestershire Diabetes website

www.leicestershirediabetes.org.uk


Local Diabetes Team Helpline (0116) 258 4919

Local DESMOND Admin Office (0116) 258 4369

The Diabetes Specialist Nurses

Department of Diabetes
and Endocrinology
Victoria Building Level 2
Leicester Royal Infirmary
Leicester LE1 5WW
T: (0116) 258 5545

Diabetes Care Unit
Leicester General
Hospital
Gwendolen Road
Leicester LE5 4PW
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