

Frequently asked questions:



What can I do if I keep forgetting my insulin injection?

You may benefit from obtaining a device which attaches to your injection pen which will tell you when your last dose of insulin was taken - ask your GP or Diabetes Specialist Nurse for more information.

If you think that you regularly forget your insulin injections, you or your relative or carer can ask for support from your GP, social services or tele-care services if available in your area.

What do I do if I think I have forgotten to take my tablets?

It is not safe to take the tablets in case you have already taken them and have an overdose - wait until your next dose is due.

If this has happened before, you should discuss this with your GP who could organise your tablets in a Dossett Box. (This organises your tablets into times and days so you are able to see when they should be taken and also if you have missed any).

What if I am ill and unable to take my medication?

Your GP or Diabetes Specialist Nurse can give you information on steps to take if you are ill - keep this information in a place you will be able to find easily when you need it.

If you are ill, drink sugar-free fluids every hour. If you are unable to eat your usual meals, replace these with small easily digested foods like ice-cream, yoghurt, milky drinks and soups.

If you are vomiting or
**YOU FEEL DROWSY and your blood glucose is high,
PLEASE CONTACT YOUR GP IMMEDIATELY!**

Useful websites, helpline numbers and information:

- Alzheimer's Society
www.alzheimers.org.uk
Help-line: 0300 222 1122 (Monday to Friday 9am-5pm, weekends 10am - 4 pm)
- Carers UK
www.carersuk.org
Help-line 0808 808 7777
- Dementia UK
www.dementiauk.org
Patient Help-line 0845257 9406 (Tuesday/ Thursday/ Saturday)
- Diabetes UK
www.diabetes.org.uk
Careline: 0845 120 2960 (Monday to Friday 9am - 5pm)
- © Institute of Diabetes for Older People (IDOP)
www.instituteofdiabetes.org
Information line: 01582 743285

My local useful
helpline numbers:



Living with Diabetes and Dementia



This leaflet is intended for people with mild to moderate dementia who have recently been diagnosed with diabetes, or for people with diabetes who have recently been diagnosed with dementia, and for the people who care for them.

- **How does diabetes affect living with dementia**
- **How does dementia affect living with diabetes**
- **Useful tips for living with both conditions**
- **Frequently asked questions**
- **Useful resources**

How does diabetes affect living with dementia?



High blood glucose levels can make you pass more urine than usual. You may therefore experience frequent visits to the toilet if your diabetes is not controlled. This can result in incontinence if you forget where the toilet is.

Uncontrolled diabetes can make you feel thirsty. If you are forgetful, your carers may assume you have forgotten that you have recently had a drink when you ask for another. It is important to drink plenty of sugar-free fluids to prevent dehydration.

You may feel more tired if your diabetes is not controlled as your body cannot use the glucose in your blood for energy properly.

Certain diabetes treatments, including insulin, can cause low blood glucose (hypoglycaemia or 'hypo'). This can cause worsening of your memory, falls, confusion and distress. It may feel like worsening of your dementia.

If you have had diabetes for a long time, it can damage nerves resulting in pain, especially in your feet. It may be difficult to get help for this if you find it difficult to describe the feeling in your feet.

How does dementia affect living with diabetes?



As dementia can make you forgetful, you may forget to take your diabetes medication. You may take it too often if you forget that you have already taken it.

You may forget to eat, which can lead to low blood glucose readings if you inject insulin or take certain tablets. You may forget that you have already eaten and so eat again, causing high or erratic blood glucose levels.

If you are using insulin or taking tablets that cause 'hypos', you may find that dementia prevents you from recognising the symptoms of a 'hypo'. You may need to rely on other people to help you with this.

Dementia can make it difficult to find the right words for things, so if you feel 'hypo', you may not be able to explain this to anyone.

Although you may have been managing your diabetes for a long time, dementia may make it difficult for you to manage your medication, take your blood glucose, inject your insulin safely, and may affect your ability to make decisions about your blood glucose readings safely.

Useful tips for living with both conditions:



As dementia progresses, you will become less able to manage your diabetes yourself. A regular review of your self-care ability will allow you to continue to care for yourself, but will identify when you start to need help, and to keep you safe.

- If you find it difficult to remember to take your medication regularly, ask your doctor to simplify your diabetes tablets if possible so they can be taken just once daily
- If you find it difficult to swallow tablets, some medications are available as a syrup or powder
- If you take insulin injections, you may also be able to reduce the number of injections you have each day
- If you cannot remember how to inject your insulin, or often forget to give it, your GP can arrange for a nurse to do this for you if required
- Your GP or diabetes team may also be able to change your diabetes treatment to one that does not cause 'hypos'
- If you are losing weight or having problems with eating, ask your GP to refer you to a dietitian for advice
- If you find it difficult to recognise 'hypos', or are unable to tell someone that you feel 'hypo', make sure your carer can recognise 'hypos', knows how to treat them, and always has some 'hypo' treatments available

