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DIABETES WELLNESS NEWS

New year, new attitude to your diabetes!

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News update

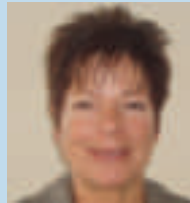
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By Nina Puddefoot

Life Coach and member of the DRWF Editorial Advisory Board



In this article Nina explains how the new year can be a golden opportunity to create a new you. Changing to a more positive outlook on life may pay dividends when it comes to your diabetes.

The 3 Principles**Live well**

As the saying goes, you're here for a good time not necessarily a long time! And, all you have is the now. Steer clear of anything that resembles a struggle and let go of the grudges, life is too short. Go about your business rowing your boat gently down the stream. To accept yourself and others is to live unconditionally and with ease.

Love unconditionally

Think of a pet dog or a baby. Now that's unconditional love! The two emotions that ultimately all other emotions are born out of are fear and love, and love is by far the most powerful. Just a simple loving act or gesture can make a difference to you and someone else's life in that precious moment. Do it from the heart and don't expect anything in return.

Laugh a lot

Surround yourself with cheerful chums. Their happy go lucky disposition will become infectious! By choosing to bring laughter, fun and playfulness into your everyday life, you will experience feelings of happiness and

well-being that will benefit your mind and body.

Try this Traffic Lights Quiz (to find out how you scored see page 6)

1. Think about an outcome or goal that you would really like to achieve. How do you think about this?

R The many obstacles that would get in the way of achievement

A The challenges along the way, then possible solutions

G The glorious end result and all the benefits

2. In life, generally speaking, how much of what you do is filled with:

R Duty and little else

A Quite a lot of oughts, shoulds, musts and have tos

G Doing what you love and learning to love what you do

3. How balanced is your life in terms of work and play?

R Weighted down with responsibilities, leaving little to no time for myself

A Aware that balance needs restoring and sometimes getting it back on track

G Work hard but make play time, too

4. On a scale of 1 to 10, how happy/contented are you?

R 1 - 4

A 5 - 7

G 8 - off the scale!

5. How much physical activity figures in your daily or weekly routine?

R I have the remote control to change the TV channels!

A I take some regular exercise maybe once or twice a week plus house chores

G At least 3 times a week and I opt for walking as much as possible

Continued on page 6



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The Diabetes Wellness Network was founded to enable people with diabetes to make decisions about their general health as well as their diabetes. With the Diabetes Wellness News, we work towards educating, informing and reminding you of the best and healthiest choices to make. We take the utmost care to ensure that all articles, products and services referenced in the Diabetes Wellness News are accurately represented. We advise that individuals exercise discretion as to whether information provided is appropriate for them. We always recommend that advice be sought from your GP or diabetes nurse before making any changes to medication or before using any products or services referenced by DRWF. It should not be accepted that published articles necessarily represent the view of DRWF. Neither should it be considered that DRWF endorses specific products by the inclusion of advertising inserts.

Get your running shoes on for DRWF

DRWF has running places available for the British London 10K Run in 2011 which will help raise important funds for the charity. The run will take place in London on Sunday 10th July.

DRWF have eighteen places to fill for this year's run so please consider getting your running shoes on for charity. Registration this year is just £10 and includes chip timing. There is no set minimum level of sponsorship. However, DRWF do suggest an achievable target of £100.

Last year there were 18 'DRWF Jolly Joggers', who collectively raised over £3000 for the charity. The money raised goes directly towards supporting people with diabetes and providing funding for diabetes-related research. So please show your support to DRWF in 2011.



The DRWF runners in 2010 collectively raised over £3000 for the charity.

For more information and a fundraising pack give Fundraising Co-ordinator Andrew Dixon a call on **02392 636138** or email: fundraising@drwf.org.uk to register your interest.

DRWF Wellness Day North marks World Diabetes Day

The Diabetes Research & Wellness Foundation and the specialist diabetes team from University Hospital, Hartlepool recently held a Diabetes Wellness Day for people living with the condition in the North East to co-incide with World Diabetes Day on 14th November.

The DRWF Wellness Day, on the 13th November, was held at the historic Hartlepool Maritime Experience. To mark WDD and co-incide with the event, the HMS Trincomalee Trust lit up the iconic ship on the Sunday night.

The Wellness Day talks were given by Dr Sue Jones, Consultant Diabetologist and member of the DRWF Editorial Advisory Board and her team from the University Hospital, Hartlepool. Topics included, healthy eating with diabetes, what care to expect in hospital, diabetes and travelling and coping with hypoglycaemia. Dr. Sue Jones gave a talk on what's new in diabetes and an interactive presentation on pilates.

During tea breaks and lunch everyone had time to visit the exhibitors and browse the selection of DRWF stands.

Lee Calladine, DRWF Event

Co-ordinator said, 'DRWF is incredibly pleased with the outcome of the Diabetes Wellness Day in Hartlepool. We will definitely be heading back to the North East in the future. DRWF is lucky to have such a wonderful relationship with Dr. Sue Jones and her team at the University Hospital, Hartlepool. They share the same dedication and ongoing commitment to people living with diabetes as DRWF and their support is what made it such a successful and memorable event.'

DRWF would like to thank Dr Sue Jones and her team at University Hospital, Hartlepool, and all those who attended.



The DRWF Wellness Day in Hartlepool was held to coincide with World Diabetes Day 2010.

News update

Dairy products and diabetes prevention?

A study published in the medical journal, *Annals of Internal Medicine*, has revealed that a natural substance found in whole-fat dairy foods could reduce diabetes risk.

The research was carried out by researchers at the Brigham and Women's Hospital, Harvard Medical School and Harvard School of Public Health, the National Institutes of Health, the University of New Mexico and the University of Mexico.

For this study, the researchers examined the role of a fatty acid called palmitoleic acid in metabolic health because previous animal experiments, they say, have suggested that the acid may directly protect against metabolic problems and insulin resistance linked with diabetes. Palmitoleic acid can be obtained from eating animal, vegetable and fish oils and is found in most human tissues.

In this study, a form of palmitoleic acid called trans-palmitoleate was examined in order to see whether more of the substance in the diet would lower the incidence of diabetes.

The researchers used data from a previous study called the Cardiovascular Health Study which began in 1992 and involved 5,201 randomly selected adults over the age of 65. During the study, participants completed several evaluations and questionnaires about

their physical and mental health over a period of ten years.

The participants' height, weight and waist measurements were examined along with any medications they were taking, as well as whether they had had a diagnosis of diabetes in the ten year period.

In this new study, the researchers also used 3,736 blood samples collected in 1992 to measure insulin and blood lipid levels. They also examined how much trans-palmitoleate was present in the samples.

The results were that higher levels of trans-palmitoleate were associated with a lower BMI, lower waist measurement and lower total cholesterol. In people not diagnosed with diabetes at the beginning of the original study, higher levels of the fatty acid were associated with a lower risk of developing diabetes over the subsequent ten years. Whole-fat dairy consumption was most strongly associated with higher levels of trans-palmitoleate being present.

The researchers say that their findings suggest that intake of trans-palmitoleate, rather than the consumption of whole-fat dairy foods, is associated with a reduction in the risk of developing diabetes. More research needs to be conducted. NHS Choices recommends that dairy products be eaten as part of a balanced diet.

News in brief

● Synthetic vitamin B1 and prevention of heart disease?

Newly published research by the University of Bristol has shown that a dietary supplement of the synthetic derivative of vitamin B1 may have the potential to prevent heart disease caused by diabetes.

The research, published in the *Journal of Molecular and Cellular Cardiology* and funded by Diabetes UK, involved giving mice with and without diabetes a synthetic derivative of vitamin B1 called benfotiamine.

The scientists found that treating mice with Type 1 or Type 2 diabetes with benfotiamine at an early stage can delay the possible progression to heart failure. They also found that the vitamin B1 derivative improved survival and healing after heart attacks in Type 1 mice, even in the mice without diabetes.

Professor Paolo Madeddu who led the research said, 'We conclude that benfotiamine could be a novel treatment for people with diabetes, and the next step in this research will be testing whether similar effects are seen in humans.'

Scientists believe that vitamin B1 may help the body to dispose of toxins and therefore protect cells of the heart from becoming damaged. Diabetes leaves the heart more vulnerable to stress as less oxygen and nutrients are delivered to the heart and other organs.

Get involved: Become a lay member of the DRWF Editorial Board

As part of its annual rotation of 'lay membership' on the DRWF Editorial Advisory Board, the charity is now seeking three new volunteers for a one year term of office.

Mandatory duties will include:

Submitting one article for the newsletter during term of office, completing a lay member questionnaire upon joining,

commenting on DRWF patient information including the newsletter and diabetes information leaflets, and expressing an opinion when needed.

Optional requirements may include:

Considering taking part in any external study that DRWF feel is relevant to its members and the charity believes it is qualified to respond to and acting as a

spokesperson giving references to the services and activities of the charity as an Editorial Board Member, sometimes to the Media, as required.

If you are interested please call the Editor initially for an informal chat on **02392 636132** or email **newsletter@drwf.org.uk**.

Keeping up to da



By Gwen Hall
 DSN/Clinical Practice
 Educator, NHS
 Surrey and member
 of the DRWF
 Editorial Advisory Board

What's in the news?

Injectable insulin has been around for a long time - since 1922 to be exact - but there are now so many varieties to choose from that it is becoming easier to tailor the insulin to match the individual's lifestyle than expecting you to change your life to match your insulin.

Older insulins

Just like people, older does not mean less useful! Many people are successfully treated with insulins which have been around for decades. Relatively few are still using insulin derived from animals and only one company, Wockhardt, provides them in the UK. The move to synthetic insulin began in the 1960's and has developed since. These initial synthetic insulins were termed 'human', not because they were derived from humans but because they more closely mimicked human insulin than did the animal insulin used earlier. Both are now prepared to very high standards.

These, let us call them traditional, insulins come in a variety of preparations depending on how long they last, their duration of action. This can be best illustrated graphically but is only a representation of the insulin's action. It is not exact and each of us would react in our own way.

The short acting traditional insulins were designed to be taken 20-30 minutes

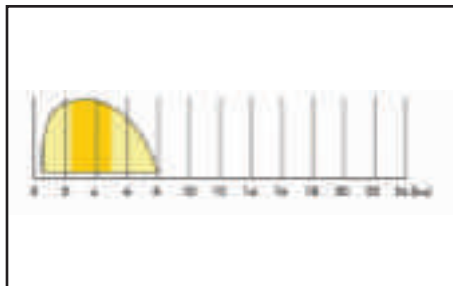


Figure 1: The short-acting traditional insulins were designed to be taken 20-30 minutes before food, had a peak at 2-4 hours and tailed off after 6-8 hours.

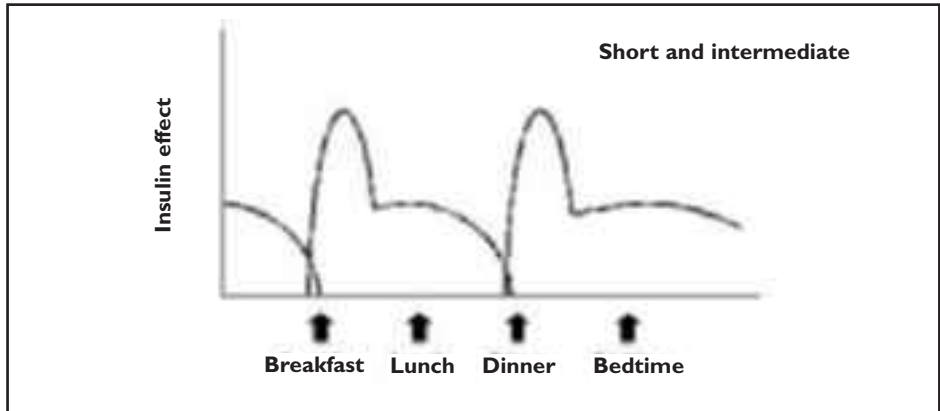


Figure 2: Pre-mixed insulin contains short or rapid acting insulin combined with an intermediate or longer acting one. Effective peaks are designed to coincide with mealtimes.

before food, had a peak (when they were most effective) at 2-4 hours and tailed off between 6 to 8 hours. Examples in use today are Actrapid (only in Vial form), Humulin S and Insuman Rapid. Check with your care team if you are not sure what you are taking. Short acting insulins are clear in colour and previously the term 'soluble' was quite often used by medical and nursing staff to describe them.

Pre-mixed traditional insulins contain both short and intermediate or longer lasting insulins and are designed for the peak of action to coincide with a meal. Several mixtures are available with the number associated with it denoting the amount of short acting insulin it contains. Thus Humulin M3 has 30% short acting insulin in it with the other 70% peaking later and lasting longer. Insuman Comb 50 has 50% short acting and 50% longer acting insulin in it. Pre-mixed insulins are cloudy and need to be mixed before use, following the manufacturers instructions.

The National Institute for Health and Clinical Excellence (NICE) recommends that if a person with type 2 diabetes needs insulin in addition to, or instead of, their tablets that NPH insulin is used. Now, only a few health professionals, in my experience, know that NPH stands for Neutral Protamine Hagedorn and that Insulatard, Humulin I and Insuman Basal fall into this category of intermediate to longer acting 'human' insulins. These insulins tend to take upwards of one hour to take effect and their duration of action is quite variable, reacting differently in each individual, and lasting up to 18 to 24 hours. Matching these insulins to the individual's blood glucose monitoring results is paramount to achieving stable control and should be a matter of

discussion between the person with diabetes and their care team.

Newer insulin analogues

Around 1996 some additional forms of insulin, called analogues, were brought into use. Analogue insulins are synthetic, like 'human' insulin, but they do not behave exactly like our own insulin and cannot really be considered to match human insulin. As with the older insulins they are available in several forms, based on duration of action.

In place of short acting insulin the analogue insulins are rapid acting. They work quicker, can be taken immediately before or even after food, provide cover for the expected meal, and they do not last as long - helping to prevent low blood glucose, or hypoglycaemia, before the next meal. They start to be effective within 10 minutes, peak at about 2 hours and start to reduce their strength after roughly 3 hours. Examples are NovoRapid, Humalog and Apidra. All are clear to look at and do not require mixing unless pre-mixed with another insulin.

Pre-mixed analogues are similar to their 'human' counterparts above but the

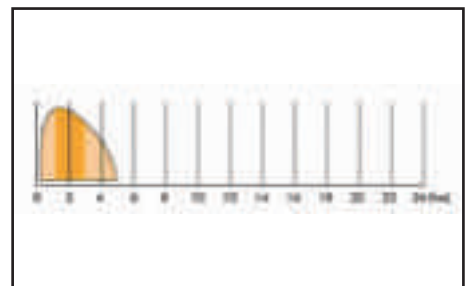


Figure 3: In place of short acting insulin the analogues are rapid acting, and can be taken immediately before or even after food.

date with insulin

substitution of rapid instead of short acting insulin allows these insulins to be taken with food, rather than 20-30 minutes before. They suit people with a set daily pattern of meals as once the first injection is given it will be effective through most of the day, with a second injection required before the evening meal to provide cover through the night. It is important that meals are taken at regular times with this insulin regimen so that they coincide with the peak of action of the insulin. As we are all quite different from each other we should not expect the insulin regimen that suits one person to suit another. Although pre-mixed insulin is normally used twice a day some may be advised to use it once a day, combined with another insulin or even taken three times a day. Beware of taking advice from people other than your care team!

People who have more variable lifestyles may consider a pre-mixed insulin too restrictive in timing of meals and may prefer a 'basal bolus' regimen. The 'basal' part is provided mostly by newer, long lasting, analogues - glargine (Lantus) and detemir (Levemir) - while pre meal 'boluses' of short or rapid acting insulin are taken, usually before each meal. This regimen requires considerable motivation from the person using it. Self blood glucose monitoring guides you in deciding how to alter your rapid acting 'bolus' to take account of the carbohydrate content of the meal ahead and predicted physical activity levels. Your blood glucose test first thing in the morning before food tells if you have got your 'basal' dose correct. Once settled this is not intended to be frequently



There are now so many varieties of insulin to choose from that it is becoming easier to tailor the insulin to match the individual's lifestyle than expecting you to change your life to match your insulin.

changed. Basal analogues generally last around 24 hours and both the available ones are clear.

Although NICE recommends NPH as a starting point in Type 2 diabetes more commonly the long lasting insulin analogues tend to be prescribed. These have less of a peak than NPH insulins and may be less associated with hypoglycaemia, 'hypos', at night.

Choosing the correct insulin to match the individual's lifestyle can be tricky and should form part of your discussions with your care team. Your life does not remain static for years (or I hope it doesn't) so why should your insulin? With the variety

of insulins available there is bound to be a regimen that suits you.

A word on sharps

Recent advances in research are encouraging us to use shorter lengths of needle to inject insulin. Insulin is designed to be injected just below the skin and it appears that although we find a huge variety of shapes in humans we have roughly the same skin thickness. In the past 8mm needles were commonly used but there is a move to shorter 4mm, 5mm and 6mm needles. These are said to be less painful and suffer no more leakage than longer needles. Correct technique, of course, will help with both.

Disposing of sharps is, excuse the pun, a thorny issue. Although your GP can prescribe sharps disposal bins and clipper type needle removers, in England and Wales GP surgeries are not required to accept used sharps back. Your local council does have a duty through environmental health to dispose of your sharps safely but may charge for the service. Many do not. Scotland and Northern Ireland have local schemes in place. If you are unsure, check with your care team.

More information

If you need more information about your insulin regimen, type or are having problems managing your blood sugar levels see your diabetes healthcare professional.

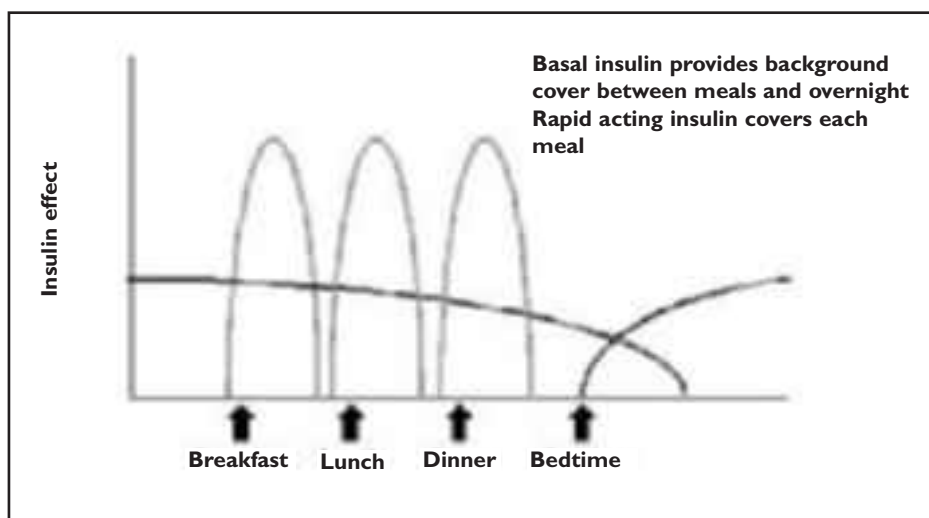


Figure 4: People who have more variable lifestyles may consider a pre-mixed insulin too restrictive in timing of meals and may prefer a 'basal bolus' regimen.

New year, new attitude to your diabetes!

Continued from page 1

6. You've been recommended the latest book club seller. Do you...

R Plod on regardless, as if you are walking in syrup

A Give up after reluctantly, after several chapters & with a sense of guilt

G Reading is one of life's pleasures. I need to feel that I can't put it down!

How did you do?

Mainly REDS - this will indicate that you perhaps have a natural tendency to view the glass half empty, which in turn will attract more of what you don't want in life. You get what you think about whether you want it or not!

So, try switching your thinking to focus on what it is that you really want. Start by catching yourself and ask yourself **HOW** you are thinking? You could also benefit by simplifying areas in your life and/or getting others to share with responsibilities. Then, whatever time you're left with, find a way to enjoy and make as light hearted as possible. Find as little as 10 minutes each day to get some fresh air (the more the better) and get physically active even if it's walking for 10 minutes, twice a day. No matter how much 'stuff' you have on, ensure you do something that you really enjoy, regularly. If you need the help of a relative or friend, ask! Others love to be of use.

Practical Point: before you go to sleep each night, remind yourself of at least 3 things that you're grateful for.

Mainly AMBER - you know what is needed to enhance your life but still struggle to make it happen on a regular basis.

Balance is a sacred place of being - honour your inner sanctuary. The source of power is gained through stillness. Go with what is, trust your intuition more & resist struggle. Trust yourself and feel the flow of life.

Try to incorporate simple activities that fit effortlessly into your daily routine and gradually work up the amount and time. Remaining socially active, relating with others and engaging with your

community is important. This provides mental stimulation and a positive emotional effect making blues and depression less likely.

Practical Point: train your brain to wake up to a happy thought each morning.

Mainly GREENS - Wow! Breath in, breath out, life is good! Maintaining your balance is key. Continue to make time for the simple pleasures in life and enjoy the things you love. Encourage others to do the same by being a role model.

Contributing to the wider community is a selfless act but in turn often boosts emotional health. Remember, sunny people (optimists) are said to live longer than pessimists! When you are faced with an adversity, know that this carries the seeds of at least equal benefit and has been 'sent' as a blessing disguised as a challenge! You learn through kindness but also through the challenges that teach us what we most need to learn. Often that will feel like a stretch beyond the comfort zone.

Practical Point: live in the moment and do at least one random act of kindness for someone, even a stranger, daily.

Top Tips to feel Amazing

Discover the difference between doing and being and become that human be-ing!

- ☺ Have gratitude - notice your daily blessings and count them! Stand still for long enough in your busy life to experience being grateful in the moment.
- ☺ Jump for joy - often it's the simplest gesture that makes the biggest difference. If you seek joy, give it to others first. A smile, a compliment or a card can be a delightful gift that could mean so much.
- ☺ Simply, simplify - keep your thoughts, actions & relationships simple. The art of be-ing is simply to be!
- ☺ Choose peace - let go of the things that are missing and say thank you for all that you have. Accept that your life and all that's a part of it, is as it is meant to be at this moment.
- ☺ Good health - nurture your mind, body and spirit in a balanced way. Think

healthily, act healthily & eat healthily to promote well being.

☺ On purpose - aim to fully express yourself through your natural talents, qualities and skills. Be mindful of asking 'What can I give?' instead of 'What will I receive?'

☺ Mighty motivated - focus your thinking towards what you choose. Enthusiasm and passion are the recipes that enable us to blossom.

☺ Honour honesty - when you say that you're going to do something, do it! Choose your commitments wisely and then stick to them.

☺ Be happy - resist anything that feels like a struggle. Trust yourself, trust the process and go with the flow of life.

☺ Become childlike - embrace the child within to remain ageless, youthful and playful. Do what you love and learn to love what you do.

Change what you can, walk away from what you can't and discover the wisdom to know the difference!



Changing to a more positive outlook on life may pay dividends when it comes to your diabetes.

Brunch, lunch and a healthy munch

By Azmina Govindji
Consultant
Nutritionist and
Dietitian and
member of the
DRWF Editorial
Advisory Board



Mini Kebabs

Homemade kebabs are full of texture and goodness - and you know exactly what's in them! Once your ingredients are prepared, they take less than 10 minutes to cook.

Ingredients

2 thick slices wholemeal bread
1lb lean minced beef
Large onion, grated
1 large egg, beaten
1 tbsp Worcester sauce
1 tsp crushed garlic (from a jar)
1 tsp dried mixed herbs (e.g. basil & oregano)
Salt & pepper and spray oil

Method

- 1.Preheat a griddle pan over a medium heat. Run some cold water over the bread and squeeze out the excess. Squash the soaked bread into a bowl and mix with all the other ingredients except the oil. Split into 10 portions and make into sausage shapes.
- 2.Spray some oil onto the griddle pan and cook the kebabs for about 3-4 minutes on each side or until cooked through.
- 3.Serve with lettuce, cucumber and tomatoes or pop onto cocktail sticks for a buffet.

Warm Bananas and Creamy Greek Yogurt

This is a crafty way of using up bananas that have become too ripe to eat.

Ingredients

10g unsaturated spread
4 ripe bananas, sliced into diagonal chunks
Juice from 1 large fresh orange (you can use a little grated orange rind too if you like)

To serve:

Lower fat Greek-style yogurt and toasted flaked almonds

- 1.Heat a nonstick frying pan over a medium heat and add the spread.
- 2.Place the banana pieces onto the softened spread and allow them to fry for a couple of minutes. Add the orange juice a little at a time to add moisture and stop the bananas from sticking to the bottom of the pan. Add grated orange zest if desired.
- 3.Serve immediately with a dollop of yogurt topped with flaked almonds.

Bread and Butter Pudding

This recipe is good for making use of bread that has gone a little dry. If cooking for babies under 12 months, it's best to omit the sugar and add some extra dried fruit for sweetness.

Ingredients

4 slices granary or Wholemeal bread
Approx 40g unsaturated margarine, softened for spreading
40g sultanas or raisins
A little oil for greasing

For the custard:

300ml skimmed milk
35g (about 2-3 tbsp) sugar
2 large eggs, beaten
¼ tsp ground cardamom seeds
¼ tsp ground cinnamon

- 1.Pre-heat the oven to gas mark 4, 350°F (180°C). Grease a 1 ½ to 2 pint baking dish with a little oil.
- 2.Spread the margarine on the bread and cut each slice diagonally.
- 3.Arrange about half of the bread in a layer on the bottom of the dish and sprinkle on around half of the sultanas or raisins. Repeat this and make another

layer.

- 4.Next make the custard by mixing together the custard ingredients.
- 5.Pour the custard over the bread, squash it down to allow it to soak well and top with the ground cardamom and /or cinnamon, if using.
- 6.Bake in the oven for 30-40 minutes till cooked.

Tuna and Soft Cheese Quesadilla's

This makes a filling, warming lunch or supper dish – use low fat soft cheese and pile on as much red chilli powder as you dare!

Ingredients

1 can sweetcorn, drained (325g)
1 can tuna in brine, drained (160g)
1 red pepper, chopped
1 red onion, chopped
170g lower fat soft cheese
2 tbsp chopped parsley
1 tsp crushed garlic from a jar
Red chilli powder, as desired
Oil for drizzling
3 wholemeal soft flour tortillas

- 1.Mix together all ingredients except the tortillas and oil.
- 2.Heat a non-stick pan and drizzle with a little oil
- 3.Lay one tortilla into the pan over a medium heat and top half of it with a third of the filling. Allow it to warm through.
- 4.Roll the other half over, like an omelette. Remove from heat and keep warm.
- 5.Repeat with the other two tortillas. Serve with a green salad.



Delegates at the DRWF Wellness Weekend last year get stuck into making mini kebabs.

Taking the sweat out of night hypos



In this article, DRWF member Ian Jury shares his experience of night time hypos with us.

This is my account of events and experiences when I've had a hypo whilst sleeping. In the past they were partly my own fault in as much as the regularity of the hypo's occurring and more to the point, the severity of the hypo. Not checking my blood sugars and having nothing to eat before going to bed is not a good thing to do. The hypo's I have written about here are experiences that cover night and day. The hypo's that have had the most alarming impact on my life are the one's that occur whilst I'm asleep.

I was eighteen years old when I was diagnosed with diabetes, I am now 49 years old. When I was first diagnosed, I can remember spending a period of time in hospital learning about diabetes and the new regime that would play a dominant part in my life. Once I had been stabilised I was allowed to go home. Before I left the hospital I had to experience a hypo so that I would know the symptoms and how to take care of one. This proved to be easier said than done. It was 6 - 7 years on before I experienced my first hypo.

My first insulin was pig insulin. The good thing I remember about this was the warning signs you would get at the onset of a hypo. Mainly these were pins and needles on the tongue followed by rapid sweating. Once started, they were quick to remedy because the warning signs were early.

I can't remember when I changed over to the man made insulins but what I learnt very quickly, was that there was no warning signs of the onset of a hypo for me without checking my blood sugar levels.

Tale end

Blood Pressure



The night time hypos I began to experience seemed to have three variations or stages of severity. The first was the early onset hypo usually noticed by my wife, she usually woke me because of the constant fidgeting whilst I was asleep. I have woken in this state and can usually remedy this myself.

The second, is a constant recurring dream that goes round in my head, the bed can be soaked with sweat like someone has thrown a bucket of water over me. I am still able to manage to sort the hypo out myself at this stage.

The third has gone way past the first two stages. The brain is fully active, it knows what I have to do and say and is aware that the hypo needs to be corrected. The problem is by now my body is totally immobilised. At this point there is no chance of standing up or trying to make yourself get glucose. Along with this is the loss of speech. Slowly over an hour or two this all corrects itself and leaves the body fully functional. At this third stage, the hypo has been going on for up

to three hours or more. I would say that this is probably the most severe state I have been found in.

I used to compare my night time hypos to a demon or the hulk contorting my body uncontrollably as it tries to get out. The physical exertion going on in my body was immense. The following day left me feeling drained as though I had just gone ten rounds in the boxing ring.

If my wife was not able to give me the glucose I needed at stage 3, it would have been impossible to correct this myself. She has found me in this state on two occasions. While I do not want to over emphasise this point I think its worth the mention that the doctors claim that the liver would have corrected this if my wife was not around!

My night time hypos have been addressed and they rarely happen now. If you are suffering from them get help from your diabetes healthcare professional, don't suffer in silence.

CONTACT US

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