

Mental health and wellbeing

Nutrition Support Action Plan (NSAP) for case managers/key workers - diabetes mellitus

What is diabetes?

There are several types of diabetes. This sheet is designed to help you support people with Type 1 and Type 2 diabetes.

Diabetes occurs when insulin (a hormone) does not work properly or is absent. Insulin usually helps glucose (a type of sugar) move from the blood into the cells of the body. Once in the cells it is used for energy. Insulin is like a key to a locked door. Glucose cannot move out of the blood and into the cells without insulin.

When insulin does not work properly glucose gets stuck in the blood. This causes high blood glucose levels. Ideally, as a general guide, blood glucose levels (BGLs) should be between 3.5 to 8.0 mmol/L. Someone's health can get worse if BGLs are more than this on a regular basis.

Healthy eating can help control diabetes. Everyone is different. A dietitian can help to plan a diet that suits a person's

lifestyle, culture, budget and any other health issues they have.

Diet recommendations

1. Eat a healthy, balanced diet
2. Eat 3 regular, carbohydrate-containing meals a day (for example, sandwich & fruit or design the plate to be $\frac{1}{4}$ carbohydrates, $\frac{1}{4}$ meat and $\frac{1}{2}$ free vegetables/salad)
3. Eat less saturated fat
4. Eat more fibre
5. Sugar can be included in small amounts
6. Consume alcohol only in moderation
7. Do regular physical activity

A note on hypoglycaemia ('hypos') *

Hypos occur when BGLs drop too **low**. An untreated hypo is dangerous. It can occur when someone skips a meal, doesn't eat enough carbohydrate, takes too much insulin or diabetes medications*, does more activity than usual, or after consuming alcohol.

Warning signs are sweatiness, shaky, dizziness, headache, changes in mood, tingling around mouth and hands.

*Hypos only occur in people who use insulin or some diabetes medications, e.g. Diamicon (Gliclazide), Daonil (Gilbenclamide), Minidab (Glipizide), Amaryl (Glimepiride) and Novonorm (Repaglinide).

How do you treat a hypo?

Step 1. Check BGLs. If low, go to step 2.

Step 2. Give some quick acting carbohydrate (e.g. small glass soft drink (*not* diet), or 5 large glucose jelly beans (from chemist), or 100ml Lucozade™, or 3 tsp honey/sugar, or 3 glucose tablets).

Step 3. Wait 10 minutes. If the consumer doesn't feel better test their BGLs and repeat step 2.

Step 4. Follow with a meal, or if the next meal is more than 20 mins away, a piece of fruit or bread, glass of milk or tub of yoghurt. Retest BGLs.

If someone is unconscious call an ambulance or give glucagon, if available.

Never put food or drink in their mouth.

Actions for case manager/key worker

1. Does your consumer follow a healthy diet? Check with '*NSAP Assessing your consumer's diet*'.
2. Does your consumer attend appointments at the diabetes clinic or GP regularly?
3. Does your consumer (need to) check their BGLs regularly? Consumers should be guided by their doctors or

diabetes educators regarding frequency of BGL monitoring. Generally, BGLs should be measured at least once and up to four times a day; fasting plus before each meal if taking insulin and fasting plus 2 hours after meals if not on insulin. More readings are needed if a consumer is unwell or having a hypo.

4. Does your consumer eat carbohydrates at each meal? These include bread, cereal, rice, pasta, potato, sweet potato, milk, yoghurt and fruit. Low glycemic index carbohydrates are better. See the *Glycemic Index NSAP* for more information.
5. Does your consumer do enough physical activity? Half an hour most days can be done in bouts of 10 or 15 minutes.
6. Does your consumer need to lose weight? Refer them to a suitable nutrition group or dietitian in your area.
7. Has your consumer had their fasting blood cholesterol tested? This can be done at their local GP surgery.

Need more information?

Search 'Diabetes Australia' in your state or visit

www.health.qld.gov.au/multicultural/public/diabetes.asp