DESMOND: Looking After My Type 2 Diabetes

Desmond™

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How to use this handbook

This handbook is for people who have Type 2 diabetes, and are taking part in a DESMOND programme. You will be using some of the information in your DESMOND sessions. We hope that after DESMOND, the information will help you continue to look after yourself with your diabetes.

You probably have questions about diabetes, and we hope that most of these will be answered during the DESMOND sessions. If, at any time, there is advice you need or things you want to know which this handbook can't answer, make an appointment to see your doctor or nurse.

You may also choose to share your action plans with your doctor or nurse.

Contents

Your diabetes - your questions

During the DESMOND sessions you will have had a chance to think about what diabetes is, and what it means to you. You will have had the opportunity to have your questions answered, and to share your experiences with other people who also have diabetes.

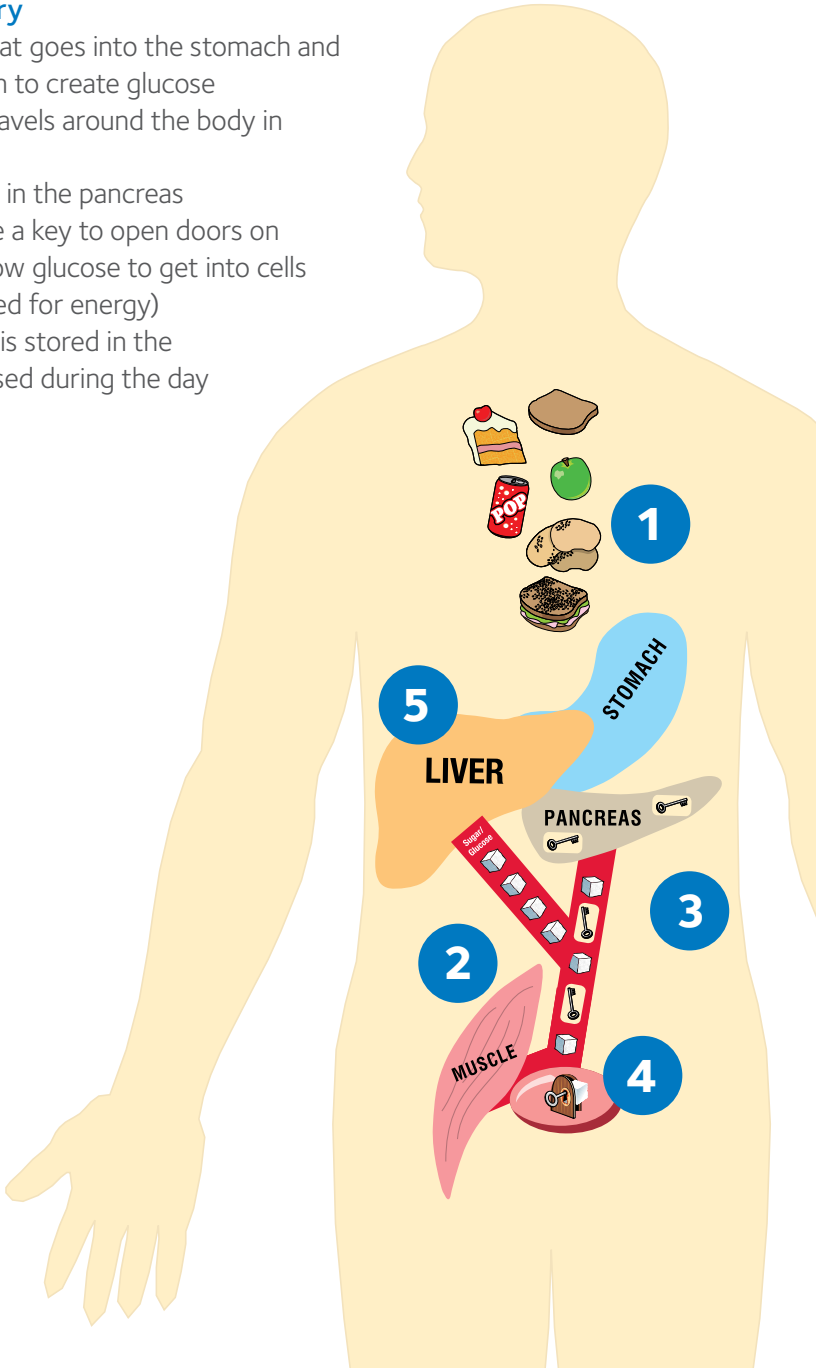
Understanding diabetes

In your DESMOND sessions, you will have discussed what diabetes is, and how it affects individuals. This section highlights the main points to remember about diabetes.

- Diabetes is a condition in which there is too much glucose (a type of sugar) in the blood
- There are different types of diabetes: your type is called Type 2 diabetes
- The amount of glucose in the blood is normally kept steady by a hormone called insulin
- In Type 2 diabetes, two things can go wrong. The rusty cell/lock make it difficult for glucose to enter the cells and the levels of glucose in the blood rise. In response, the pancreas works harder and produces more insulin. Eventually the pancreas gets tired and insulin production lessens. This is an indication that diabetes is progressing
- Diabetes can progress; this happens if the pancreas produces less insulin
- Diabetes is a condition that needs to be checked on a regular basis, as it is a condition that will change over time
- Once you have diabetes it will not go away but keeping glucose levels under control can limit the complications of diabetes

The Glucose Story

1. The food we eat goes into the stomach and is broken down to create glucose
2. The glucose travels around the body in the blood
3. Insulin is made in the pancreas
4. Insulin acts like a key to open doors on the cells to allow glucose to get into cells (where it is used for energy)
5. Some glucose is stored in the liver and released during the day and night



The symptoms

You will have discovered during the DESMOND sessions that people with diabetes can develop quite varied symptoms. Developing any of these symptoms or having symptoms which worsen, may indicate that your blood glucose levels are too high. If this happens, it is advisable you consult your doctor or nurse.

Below are some of the more common symptoms which can be caused when blood glucose is too high.

- Feeling thirsty
- Tiredness
- Needing to pass urine more often than usual (and maybe even getting up through the night to go to the toilet)
- Blurred vision
- Repeated infections
- Slow healing wounds
- For men, difficulty in getting erections

Having no symptoms can sometimes be misleading, and doesn't necessarily mean their glucose levels are normal. It could just mean their diabetes has been diagnosed very early.

Treatment of diabetes

At the DESMOND sessions you will have had the chance to hear about the different ways in which your diabetes can be treated. You will also have heard why it is that people need different treatments, and how this situation can change with time.

Some key points which may be useful for you to have in mind are:

- Changes in food choices can help to lower glucose levels
- Insulin resistance can be improved by losing weight and increasing physical activity

- Tablets can help! - Medication can improve insulin resistance, help the body to be more sensitive to insulin and help the pancreas to make insulin
- Over time,about a half of all people with Type 2 diabetes will need insulin injections. Needing insulin does not mean more serious or severe diabetes

Risks and complications

You may hear some people describe Type 2 diabetes as 'mild'. It is easy to think this is true, particularly if you have no symptoms. From your DESMOND sessions you will know that unfortunately, no matter what type of diabetes you have, there can be serious risks and medical complications. You may know people with diabetes who have health problems.

The good news is that there is a lot you can do to reduce these risks!

How is the damage caused?

Diabetes can cause damage to large blood vessels, small blood vessels and nerves. These can be found all over the body. The high blood glucose levels you have with diabetes means that the glucose can stick to the sides of these blood vessels, causing them to 'fur-up' and harden.

Small blood vessels

This results in the smaller blood vessels becoming weaker, and all your blood vessels becoming narrower. The result? They are more likely to get clogged up.

- High glucose levels can 'clog' small blood vessels in the eyes
- Also can 'clog' the small blood vessels in the kidneys

Large blood vessels

The large blood vessels which supply blood to the heart, brain and feet, are also more likely to get blocked, increasing your chance of a stroke, heart attack, or problems with circulation in your lower legs and feet. High blood glucose levels also damage your nerves, particularly in your feet. For men, all these things can combine to cause problems with getting erections, and new evidence suggests diabetes can affect women's sexual health too.

- High glucose levels can 'clog' the large blood vessels which supply blood to the brain and heart
- High blood glucose levels also damage your nerves, particularly in your feet
- High glucose levels can affect men and women's sexual health. For men, the effects of high glucose levels in the blood vessels and damage to nerves can lead to problems in getting erections

Despite this bad news, it is important to remember that during the DESMOND sessions you looked at some of these issues and the changes you might want to make to help prevent these problems occurring. For those people who might already have some of these problems, you can do things to prevent them getting worse, and in some cases, where the damage is early, reverse it.

In addition to high blood glucose levels, high blood pressure, high cholesterol, weight around your middle, and smoking all increase the risk of damage to your blood vessels. Depression, or feeling low is common in people who have diabetes. This can affect your diabetes and make it more difficult for you to manage it successfully.

All of these things are called 'risk factors', and if you have all or some of them, they make you more likely to have problems. Following your DESMOND sessions, you may have already made some changes to reduce these risks.

Other risk factors

- High blood pressure, high cholesterol, high glucose levels, weight around your middle and smoking, all increase your risk of damage to your blood vessels
- Depression and feeling low can affect how you manage your diabetes

You can do something to help reduce these risks (see page 16)

Short-term or day-to-day tests

In your DESMOND group you will have explored how glucose levels can be monitored.

Why test?

Testing your blood for glucose tells you how much glucose is in your blood at that moment in time when you do the test. This is a day-to-day test or short-term test.

What might affect my test results?

You can observe the effect on your urine or blood glucose levels by testing your urine or blood at the time of:

- Activity/exercise
- Medication
- Meals and certain foods
- Illness
- Stress

Why might I test my blood?

Testing your blood tells you if the changes you have made are working and if they are helping to keep your blood glucose under control.

How do I test my blood?

A blood glucose measurement can be carried out by using a blood glucose meter. The result will give you an immediate indication of blood glucose levels. Your doctor or nurse will explain how to obtain this equipment

When might I do my tests?

- First thing in the morning (before breakfast)
- Before meals
- Two hours after your meals
- Before and after activity
- Before and after certain foods
- During illness or if you feel unwell
- To see the effect of medication
- When your medication has been changed

Work with your doctor or nurse to decide useful times for you to test. This may enable you to understand how the changes you are making are affecting your glucose control. You may wish to record these results in a diary, together with other information, to help you monitor your progress.

If the tests show raised levels of glucose, you may choose to test more frequently and continue with the changes to your food and activity levels. If tests continue to show raised levels of glucose, you will need to discuss them with your doctor or nurse. A regular record of test results will help give a better idea of your level of control.

Long-term test

There are other ways of monitoring your glucose control in the long-term. You may have a blood sample taken from your vein to test your diabetes control.

This test is called haemoglobin A1c (HbA1c) and shows you what has been happening with your overall blood glucose levels over the last 2-3 months. This long-term test and your home self monitoring, together give a clearer picture of your blood glucose levels.

Does how I am feeling tell me about my glucose control?

If you feel thirsty, are passing urine frequently, feel tired or lethargic, or have any other symptoms that you associate with diabetes, it may indicate that your blood glucose levels are high.

Some people do not have any symptoms even when their glucose levels are high. That is why blood tests are important. Unexpected weight loss may indicate raised blood glucose levels and should be discussed with your nurse or doctor.

Some people experience a blood glucose level below the normal range, for example below 4 mmol/l. This only happens when people take certain tablets and insulin to achieve normal blood glucose levels. You may feel dizzy, shaking and sweaty. This should be treated with sugary drinks or glucose tablets and discussed with your healthcare professional.

Monitoring my blood glucose results

Blood tests between 4-7 mmol/l

- Results will vary according to timing of the test
- Fasting and pre-meal tests should be at the lower end of the range
- Feel well, and no symptoms of high glucose levels

- Continue with changes to lifestyle and continue to test blood

Blood tests occasionally above 7 (particularly if before meal time or in the morning)

- Feel well
- No symptoms of high glucose levels

- Continue with changes you have made to your lifestyle
- Try to look for patterns to explain raised glucose in blood
- For example, high levels of sugar in blood after meals may be related to carbohydrate load - consider reducing portion size (this may not be appropriate if you are of normal weight or less)
- Continue to test

- Discuss any issues at your next regular appointment with your doctor or nurse, and at regular intervals after this, as agreed between the two of you
- Ensure that an HbA1c test is available so you can discuss any need for additional treatment, e.g. glucose lowering medication

Blood tests frequently show glucose above 7 (particularly if before meal time or in the morning)

- Feel well
- No symptoms of high glucose levels

Blood test frequently shows glucose out of range and / or you feel unwell and have symptoms of high glucose levels

- e.g. thirst, tiredness, passing urine frequently, unexplained weight loss

- Check that you are making all the necessary changes to your lifestyle
- Continue to test. If your tests continue to be out of range see your doctor or nurse

Possible symptoms of high glucose levels:

- Thirst
- Tiredness
- Passing urine frequently
- Unexplained weight loss

If you develop symptoms or feel unwell

- See the doctor or nurse straight away
- Do not wait for a routine appointment, as you may need additional treatment

What other factors might influence the frequency of testing?

- Changes to your normal routine
- Lifestyle changes e.g. changing job
- If your food choices change e.g. if you are trying to lose weight or your eating patterns change because of shift work
- Changes to your medication

In these or other circumstances, you may wish to test more often to see what effect this has on your blood glucose levels.

Sometimes other illnesses (like colds, flu, infections, etc.) cause glucose levels to rise and may influence the frequency of your testing. Should this happen you will need to seek the advice of your nurse or doctor.

Less tests may be required when your blood glucose results and HbA1c are within the normal range. If you experience symptoms of high or low blood glucose levels you may wish to test more often.

Is there anything else I should know?

You should have a regular follow-up appointment with a healthcare professional (e.g. a doctor or nurse) to review your diabetes. Attending your appointments is important and asking about your blood results, such as your HbA1c level, will support you in making decisions about your diabetes.

What if I am worried about my diabetes, or feel unwell - what should I do?

If, at any time, you are concerned about your diabetes or feel unwell, do not hesitate to contact your doctor or nurse.

For further information on monitoring, please contact your doctor, practice nurse or local diabetes service.

What can I do to reduce my risk?

Having looked at what Type 2 diabetes is, and about monitoring, this next section looks at 'taking control'.

By knowing what your risk factors are for complications, you can work with your healthcare providers, for example, your nurse, doctor or clinic, to decide what you need to do to prevent these problems occurring.

Now that you know there are problems which can happen in diabetes, the best way to reduce your risks is to make some changes. You may already have done this.

Some of these changes are things you can do and others are things you might want to discuss with your doctor or nurse. You will see that some changes (such as being more active), can benefit your health in a variety of ways.

Reducing Blood Glucose

Short-term

- Reduce amount of sugary foods
- Reduce portion size of starchy foods
- Physical activity/exercise
- Medication

Long-term

- Eating less fat and saturated fat
- Losing weight and reducing waist circumference
- Being more active

Reducing Blood Pressure

- Being more active
- Take medication
- Losing weight and reducing waist measurement
- Food choices:
  - Having less salt
  - Eating more fruit and veg (5 portions a day minimum)
  - Alcohol within healthy limits (less than 3 units per day for men & less than 2 units per day for women)
  - Smaller portion sizes leads to weight loss

Lowering Cholesterol

- Being more active
- Taking medication (statins)
- Food choices:
  - Having less salt
  - Eating less fat
  - Changing from saturated to monounsaturated fats
  - Eating more fruit and veg portions (5 per day minimum)

Managing Depression

- Medication - discuss with doctor
- Cognitive Behavioural Therapy, or other intervention locally available - to discuss with doctor
- Physical activity
- Support of family or friends
- Counselling
- Talk to your doctor

Stopping Smoking

- Nicotine replacement therapy - patches, inhaler, gum
- Smoking cessation programme - groups
- Set a quit date
- Enlist support from family and friends - tell people

Looking after your Circulation and Blood Vessels

- Take aspirin*
- Reduce blood pressure
- Reduce blood glucose levels
- Reduce cholesterol
- Stop smoking
- Lose weight

* Discuss with your healthcare professional

Losing Weight and Reducing Waist Measurement

- Eating less fat (all types)
- Having less alcohol
- Eating smaller portions
- Being more physically active

Planning a Pregnancy

- If you are planning a pregnancy, speak to your doctor as early as possible, so you can be supported to have good blood glucose levels.
- Take 5mg folic acid as prescribed by your doctor well before you become pregnant to protect your baby's growth early on in the pregnancy
- Speak to your doctor to check whether any other medication you are taking could affect the baby's growth and development

Your health profile

You will have completed a My Health Profile during the DESMOND sessions, and have had a chance to discuss it with the Educators. You will find extra copies of the My Health Profile at the end of this booklet.

Your health profile shows how you are doing at present. You can make the most difference to your health by working on ways to move as many of the 'risk factors' as possible into the white boxes. The following information supports the discussions you may have had during your DESMOND sessions. Over time, you may find your health profile changes, and this may influence what action you may wish to take in the future.

My Health Profile

BP Systolic	Less than 140 mmHg	145	150	155	160	165	170	175	180	More than 185 mmHg
BP Diastolic	Less than 90 mmHg	95	100	105	110	115	120			More than 125 mmHg
Total Cholesterol	Less than 3.1 mmol/l	3.4	3.5	4	4.1	5	5.1	6	6.1	7	7.1	More than 8.0 mmol/l
HDL	More than 1.5 mmol/l	1.4	1.3	1.2	1.1	1.0	0.9	0.8	0.7	0.6	0.5	More than 0.4 mmol/l
LDL	Less than 2.0 mmol/l	2.2	2.4	2.6	2.8	3.0	3.2	3.4	3.6	3.8		More than 4.0 mmol/l
HbA1c	Less than 6.5%	7.0		7.5		8.0		8.5		9.0		More than 9.5
Smoking - Tobacco	Non					Passive						Smoker
Smoking - Shisha	Non					Passive						Smoker
Waist (Man)	Less than 27" (69 cm)		28" (70 cm)		37" (94 cm)		38" (95 cm)		40" (102 cm)			More than 41" (103 cm)
Waist (Woman)	Less than 23.5" (60 cm)		24" (61 cm)		31.5" (80 cm)		32" (81 cm)		34.5" (88 cm)			More than 35" (89 cm)
BMI	Less than 24	26		28		30		32		34		More than 36

Blood Pressure

Your blood pressure is the pressure on the walls of your arteries. As people get older, and as arteries fur up, they become stiffer, and this pressure increases. Higher pressure means more stress on the artery wall, which can lead to damage.

Taking a blood pressure measurement checks the amount of pressure in your blood vessels. High blood pressure increases the risk of heart attacks and strokes. Lowering blood pressure reduces these risks.

This measurement is done by your doctor or nurse. You will find it helpful to know what your blood pressure numbers are. To reduce your risk of heart attack and strokes, aim for the level 140/90 or less. If you have kidney, eye or circulation problems it is recommended to reduce your blood pressure to less than 130/80.

Cholesterol – Blood Fats

Cholesterol is the main type of fat that we worry about in the blood. If you have too much cholesterol in your blood, it can fur up the blood vessels and make them more prone to blocking. However, there are different types of cholesterol. The 'bad' cholesterol which does the damage is called low density lipoprotein or LDL. But another type of cholesterol, called high density lipoprotein or HDL, is 'good' cholesterol, and helps prevent the arteries furring up and becoming clogged.

The test for cholesterol will usually be carried out by a doctor or nurse, using blood from a vein. Sometimes you are asked not to eat and drink before the test.

To lessen your risks for strokes, heart attack and circulation problems, it is recommended to keep your total cholesterol levels below 3.1 mmo/l. Your LDL levels should be less than 2 mmo/l and HDL levels should be greater than 1.5 mmo/l.

Many doctors will recommend tablets to lower cholesterol in patients with Type 2 diabetes, as this might lower their chances of complications such as heart attacks or strokes.

Physical activity and food choices can also help to lessen the 'bad' cholesterol and raise the 'good' cholesterol.

HbA1c - Blood glucose

HbA1c is the test used to measure how much glucose gets stuck to the red blood cells in your blood vessels.

HbA1c can tell you how you have been doing over the past 2-3 months in relation to your blood glucose levels and in controlling your diabetes. This test is done by your local doctor or nurse using blood from a vein.

If you are newly diagnosed you should aim to have an HbA1c level of less than 6.5% (48mmol/mol). But if you are on two drugs or more then it should be less than 7.5% (59mmol/mol). Your local health service may use a target HbA1c different to the one above. We always advise you to follow your local guidelines. You will find it useful to discuss this with your doctor, nurse or other healthcare professional.

Shape

In Type 2 diabetes, one of the problems is that the body becomes resistant to insulin. We know that people who put on extra weight around the middle tend to be more insulin resistant. Changing your body shape can help with this. That is why your waist measurement is important. Losing weight and reducing waist size, improves insulin resistance.

Smoking

Smoking damages your blood vessels and increases your chances of a heart attack, stroke and problems with the blood supply to your legs. Smoking and diabetes combined will drastically increase your risk of these up to nine times.

What are the benefits of giving up? This is the countdown from taking your last cigarette:

20 minutes:	Blood pressure and pulse return to normal
8 hours:	Chances of a heart attack start to fall
24 hours:	Lungs start to clear out mucus and debris
48 hours:	Nicotine is no longer detectable in the body. The ability to taste and smell is improved
72 hours:	Breathing becomes easier. Energy levels increase
2-12 weeks:	Circulation improves throughout the body
3-9 months:	Breathing problems improve. Lung function increases by 5 - 10%
5 years:	Risk of heart attack about half that of a smoker
10 years:	Risk of lung cancer about half that of a smoker. Risk of heart attack similar to that of someone who has never smoked

Even if you have tried to quit before, it is important to keep trying. Help is available through your doctor and local groups.

- Set a date to stop smoking
- Destroy all smoking materials
- Get nicotine replacement patches
- Join a stop smoking group

What can help me to look after my diabetes?

There are three factors that affect blood glucose these are activity, medication and food. We will look at these in turn.

Being more active

There are benefits to being more active:

- It helps you to relieve stress and anxiety, and improves your mood
- It helps to lower your blood pressure
- It can improve the levels of cholesterol in your blood
- It can burn up calories and help you lose weight
- It helps keep your blood glucose down by reducing insulin resistance in your body
- It helps keep your heart healthy

It is suggested that you should aim to build up to at least 30 minutes of moderately intense activity, at least 5 days each week. Moderately intense means activity that makes you breathe a little harder, your heart beat a little faster and you will feel warm. A pace that makes you breathe harder but still able to talk!

Any increase on what you do now will be of benefit. You can choose any activity that you enjoy that can be realistically carried out on a regular basis.

Taking medication

Having diabetes can sometimes mean taking tablets to achieve some of these targets for glucose, blood pressure, cholesterol, weight and waist.

It is not unusual for people to be on several different types of medication. Evidence suggests that people with diabetes may find it difficult to take all of these tablets on a regular basis. There are many reasons for this, such as remembering to take tablets, understanding how they help, or being put off because some have the side effect of making you feel unwell.

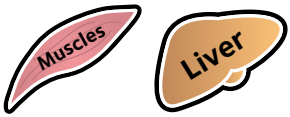
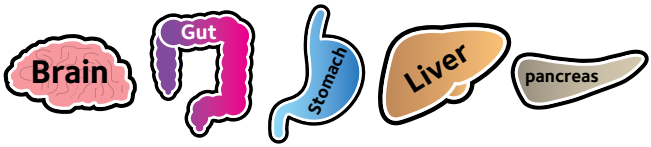
If you are prescribed tablets, ask your doctor, nurse or pharmacist what they are for and when to take them, as different tablets may need to be taken at certain times.

Try to have a routine for taking them. If they make you feel unwell, or you don't like taking them, discuss it with someone first. Don't just stop taking them! There may be alternatives.

Guidance recommends aspirin in people with diabetes unless they have gastric upset or a risk of bleeding or allergy to aspirin. Always discuss the use of aspirin with your healthcare professional.

Over the page is a list of common medications for diabetes and the part of the body on which they work on.

Understanding How Diabetes Medication Works

Drug	Where in the body does it work?
• Metformin (Glucophage)	
• Gliclazide (Diamicron) • Gliclazide MR (Diamicron MR) • Repaglinide • Glimepiride (Amaryl) • Glibenclamide (Daonil)	
• Pioglitazone (Actos)	
• Exenatide (Byetta) • Liraglutide (Victoza)	
• Sitagliptin & Metformin (Janumet) • Sitagliptin (Januvia) • Vildagliptin (Galvus)	
• Insulin injection	

How Does My Medication Work On My Body?

Pancreas – The cells in the pancreas that make insulin are stimulated to produce more insulin.

Liver – the liver is prevented from making new glucose, so less glucose flows into the blood stream.

Brain – some medication acts in the part of the brain that makes you feel satisfied after food/less hungry.

Gut – the gut produces hormone messengers called incretins. The hormone message signals to the pancreas to produce insulin. These hormones are released throughout the day and levels are increased at meal times.

One type of medication, given as an injection, acts like the incretin hormone messenger and has the same actions as the naturally occurring hormone

Another medication taken as a tablet prevents the incretin hormone from being destroyed. This means the incretin hormone can work longer sending signals to the pancreas to produce insulin.

Stomach – The rate at which the stomach digests food and empties is slowed down so you feel full for longer and glucose is released at a slower rate into the blood stream.

Muscle – Makes the cells more sensitive to the action of insulin.

Cells – insulin that is injected acts in the same way as the insulin that is naturally produced in the pancreas to unlock the cell and allow glucose into the cell to be used for energy.

You will have discovered in your DESMOND sessions that the choices you make about the kinds of food you eat can reduce your risk of the complications. Here is some information to support the discussions you may have had at your DESMOND sessions.

Carbohydrates and sugar

Carbohydrates are sugars (glucose, table sugar) and starches (potato, rice, macaroni, bread, cereals). Both can cause blood glucose levels to rise.

- Food and drinks that have sugar as the main ingredient tend to cause blood glucose levels to rise very quickly
- Eating larger than their usual portion of starchy carbohydrate will increase their blood glucose levels

By monitoring your urine or blood glucose levels you can begin to work out for yourself how your body copes with carbohydrate foods. Remember that carbohydrate consumed in excess will also influence weight gain.

Labels and sugar

You can use a food label as a guide to sugar and fat content, but you may find out that other things such as, how much you have of a particular food, and how often you have it, also have an impact on your glucose levels.

Labels and fat

Eating lots of sugary and fatty foods can mean that:

- It is difficult to lose weight
- Insulin resistance and blood glucose levels become worse
- The heart and circulation get damaged

Types of fat

There are different types of fat in the food we eat. But, all kinds of fat are equally high in calories, and so can easily affect weight. Below are some examples of each:

Best Choice Monounsaturated fat - does the least harm

- Canola oil
- Olive oil
- Vegetable oil
- Lurpak 5%

Next Best - Polyunsaturated fat

- Corn oils
- Sunflower oils
- Margarines

Eat Sparingly Saturated fat - causes insulin resistance and can push up cholesterol levels

- Ghee
- Butter
- Coconut oils

REMEMBER – it's the Frequency, Amount and Types of foods that you select from these groups that is important to your overall fat intake.

Fruit and vegetables

Eating more fruit and vegetables can help with blood pressure, and helps the heart and circulation. If you replace other food choices with more fruit and vegetables then they could help you lose weight.

It is recommended that you eat 5 portions of fruit and vegetables each day.

One portion is:

- 2-3 tablespoons of vegetables
- 1 dessert bowl of salad
- 1 piece of fruit
- 2 small fruits (e.g. satsumas or plums)
- 2 tomatoes
- 2-3 dates
- 2-3 tablespoons of fruit tinned in natural juice

Weight management

Small changes in what you eat, or small increases in your activity levels can lead to weight. Just eating 100 calories less each day or using up an extra 100 calories through physical activity will either help you lose weight or stop you from gaining weight.

Here is an example of how just eating 100 calories less each day can help you lose weight.

- If an 80kg (12 stone and 8 pounds) man or woman was to eat 100 calories less each day they could lose 1 stone in about a 1 year period
- If he or she would continue to eat 100 calories less each day, they would maintain this weight loss
- For a man, it would mean reducing from 2500 calories each day to 2400 calories each day
- For a woman it would mean reducing from 2150 calories each day to 2050 calories each day

Remember that if you have high blood glucose levels, then it is possible that the glucose you have been losing in the urine will have been either keeping your weight from going up or will have caused you to lose a bit of weight.

Making a plan

During the DESMOND sessions you will have had the chance to:

- Look at your own risks (see My Health Profile worksheet, which you will have completed during the course)
- Discover how lowering those risks factors to meet target levels will help reduce your likelihood of developing further problems
- Think about the options you have for making changes to your lifestyle to improve your health profile
- Think about things you want to discuss when you go to see your doctor, nurse or dietitian

Choosing a risk factor to work on

During the DESMOND sessions, you will have made an action plan using the worksheets:

- My Health Profile
- What Am I Going To Do Next?

Using the information about reducing risks (see Taking Control page 16), decide on which specific option you would like to change. It could be anything from
this list:

- Blood pressure
- Cholesterol
- HDL/LDL
- Blood glucose
- Smoking
- Shape

For example, if you wanted to stop smoking, you might decide to find out about 'Stopping Smoking' sessions at your doctor's. Or, if you decided you wanted to reduce your blood pressure, you might start to look at being more

physically active or losing weight.

Now for the plan!

Whilst you were at the DESMOND sessions you will have used a worksheet called What Am I Going To Do Now? which focussed on the risk factors you want to work on (see below).

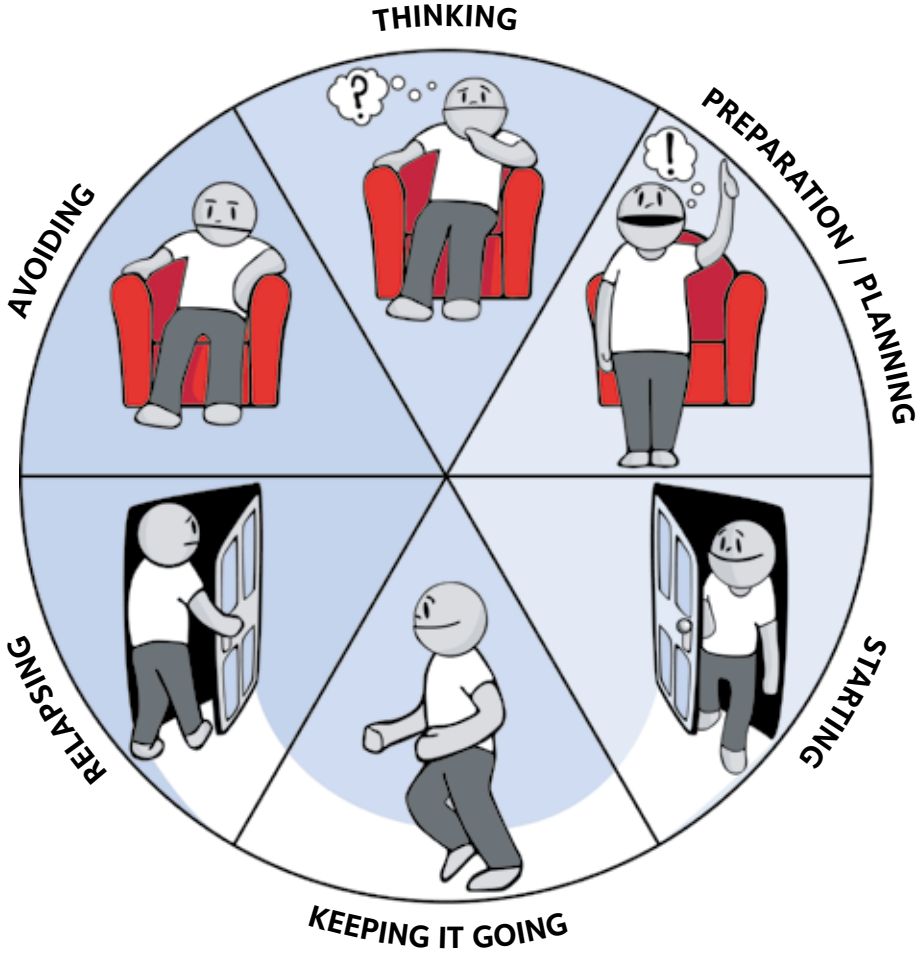
You may find it useful to review this plan from time to time. We know from research that the best way to make lifestyle changes is to have a specific plan, and update it every so often. You will find extra copies of What Am I Going To

What am I going to do next?

Which of these do I want to work on?	What can I do to reduce my risk?	What will I do about that?
Blood Pressure		
Cholesterol	How exactly am I going to do this? • What? • How often? • When?	How confident do I feel that I can do this? Choose a number between 1 and 10 (where 1 is not at all confident and 10 is very confident) The number I choose is:
HDL/LDL		
Blood Glucose		What will I do to increase my confidence? (For when my confidence score is below 7)
Smoking/Shisha		
Waist/BMI	What's going to stop me?	When will I review this plan? Date:
Other		

Where Am I With Change?

People go through different stages when trying to change their behaviour. Thinking about these stages and where you are with change can help. Having diabetes often means making changes to how we live our lives - at times this can be hard for everyone.



- Avoiding – The person is not thinking about change. They may be avoiding thinking about it, or may not understand that change is necessary or helpful
- Thinking about it – Starting to think about change and weighing up the advantages and disadvantages of changing
- Preparation and planning – Deciding to make a change. At this point making an action plan and getting going with the changes can increase the possibility of success
- Keeping it going – Carrying out the plan in daily life. Discovering some actions are easier and some harder than others. Enjoying the success and health benefits of change
- Relapsing – Keeping it going can be hard, and sometimes people go back to what they were doing before. Relapse is a normal part of this cycle. People can go through the cycle a number of times and often learn something on the earlier cycle which can help the next time round

All stages of the cycle and the whole sequence can vary from individual to individual. Making an action plan can increase your chances of success by helping you to think through the changes you wish to make and guiding you to think about what will get in the way.

There may be some obstacles you want to think about, and ideas you have about how to overcome them. Some obstacles are more easily tackled than others. In diabetes, depression is common and may not be recognized as an obstacle. DESMOND has a questionnaire for you to identify how you are feeling. You will find this over the page.

Do Now? at the end of your this booklet.

Making changes

During DESMOND you will have looked at how people go about making changes. There are times in our lives when we feel more able to make changes than others.

During the DESMOND sessions you made some plans for managing your diabetes. You may feel you are now ready to update your Action Plan, or make a new one. The section Where Am I With Change? may help you to see how ready you are. You will find this in the Resources For You section of this folder.

What happens after the DESMOND course?

After the DESMOND course, your doctor or nurse will ask you to go for regular appointments to:

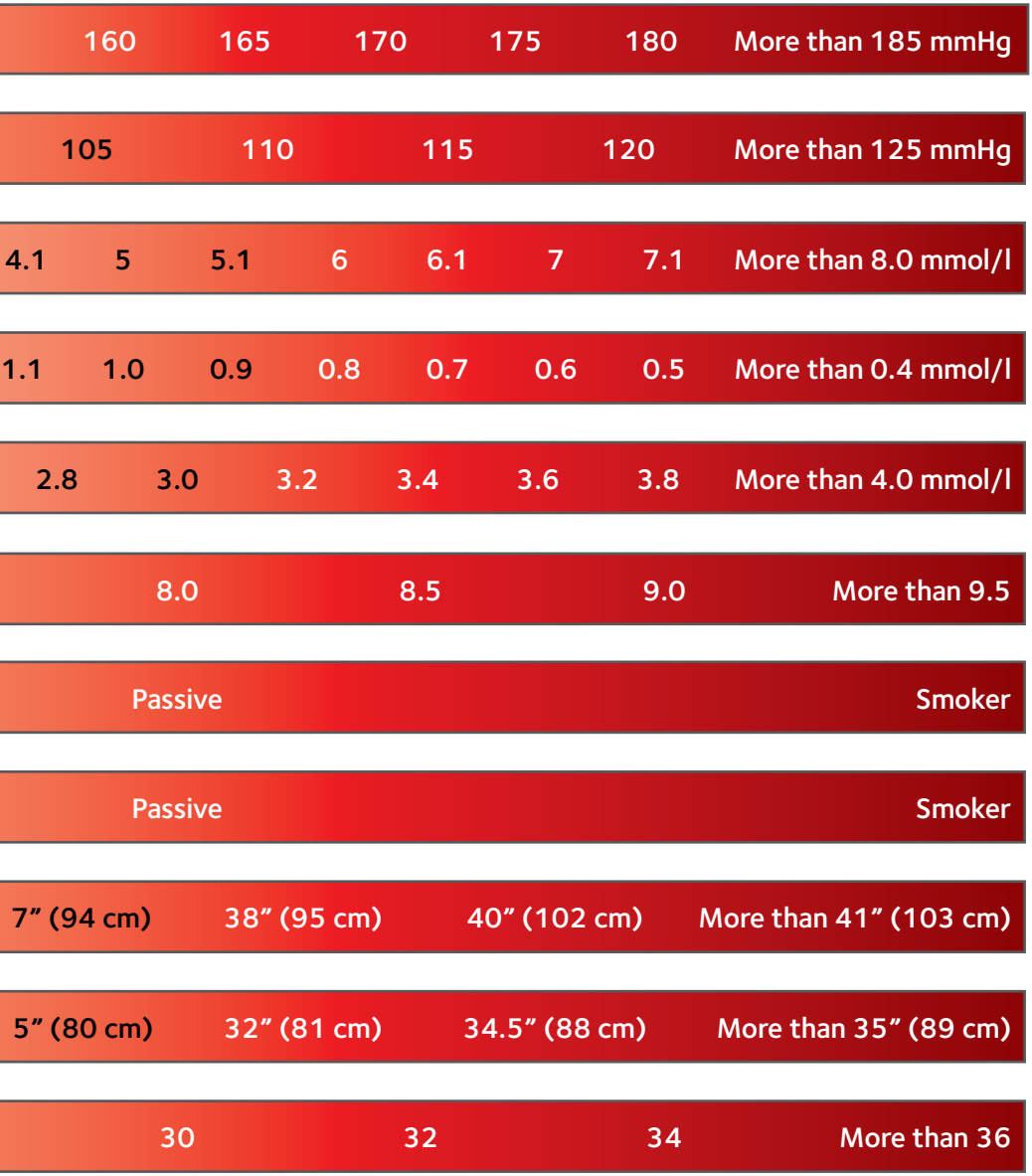
- Offer you support
- Discuss your future options for looking after your diabetes
- Check and measure your risk factors, for example, your HbA1c, blood pressure and cholesterol level
- To detect any early complications promptly so they can be treated

You will be asked to attend an appointment once a year for some special checks to be carried out. These are:

- Eye check
- Kidney check (blood and urine samples)
- Foot assessment
- Blood pressure

You may have questions you want to ask the doctor/nurse/dietitian when you see them. A good tip is to make a list of your questions and take it with you when you go to the appointment. It's easy to forget something on the day!

BP Systolic	Less than 140 mmHg	145	150	155
BP Diastolic	Less than 90 mmHg	95	100	
Total Cholesterol	Less than 3.1 mmol/l	3.4	3.5	4
HDL	More than 1.5 mmol/l	1.4	1.3	1.2
LDL	Less than 2.0 mmol/l	2.2	2.4	2.6
HbA1c	Less than 6.5%	7.0	7.5	
Smoking - Tobacco	Non			
Smoking - Shisha	Non			
Waist (Man)	Less than 27" (69 cm)	28" (70 cm)	3	
Waist (Woman)	Less than 23.5" (60 cm)	24" (61 cm)	31.	
BMI	Less than 24	26	28	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8.0 8.5 9.0 More than 9.5
Passive Smoker
Passive Smoker
7” (94 cm) 38” (95 cm) 40” (102 cm) More than 41” (103 cm)
5” (80 cm) 32” (81 cm) 34.5” (88 cm) More than 35” (89 cm)
30 32 34 More than 36

Which of these do I want to work on?

- **Blood Pressure**
- **Cholesterol**
- **HDL/LDL**
- **Blood Glucose**
- **Smoking/Shisha**
- **Waist/BMI**
- **Other**

What can I do to reduce my risk?

How exactly am I going to do this?

- What?
- How often?
- When?

What's going to stop me?

	What will I do about that?
	How confident do I feel that I can do this? Choose a number between 1 and 10 (where 1 is not at all confident and 10 is very confident) The number I choose is:
	What will I do to increase my confidence? (For when my confidence score is below 7)
	When will I review this plan? Date:

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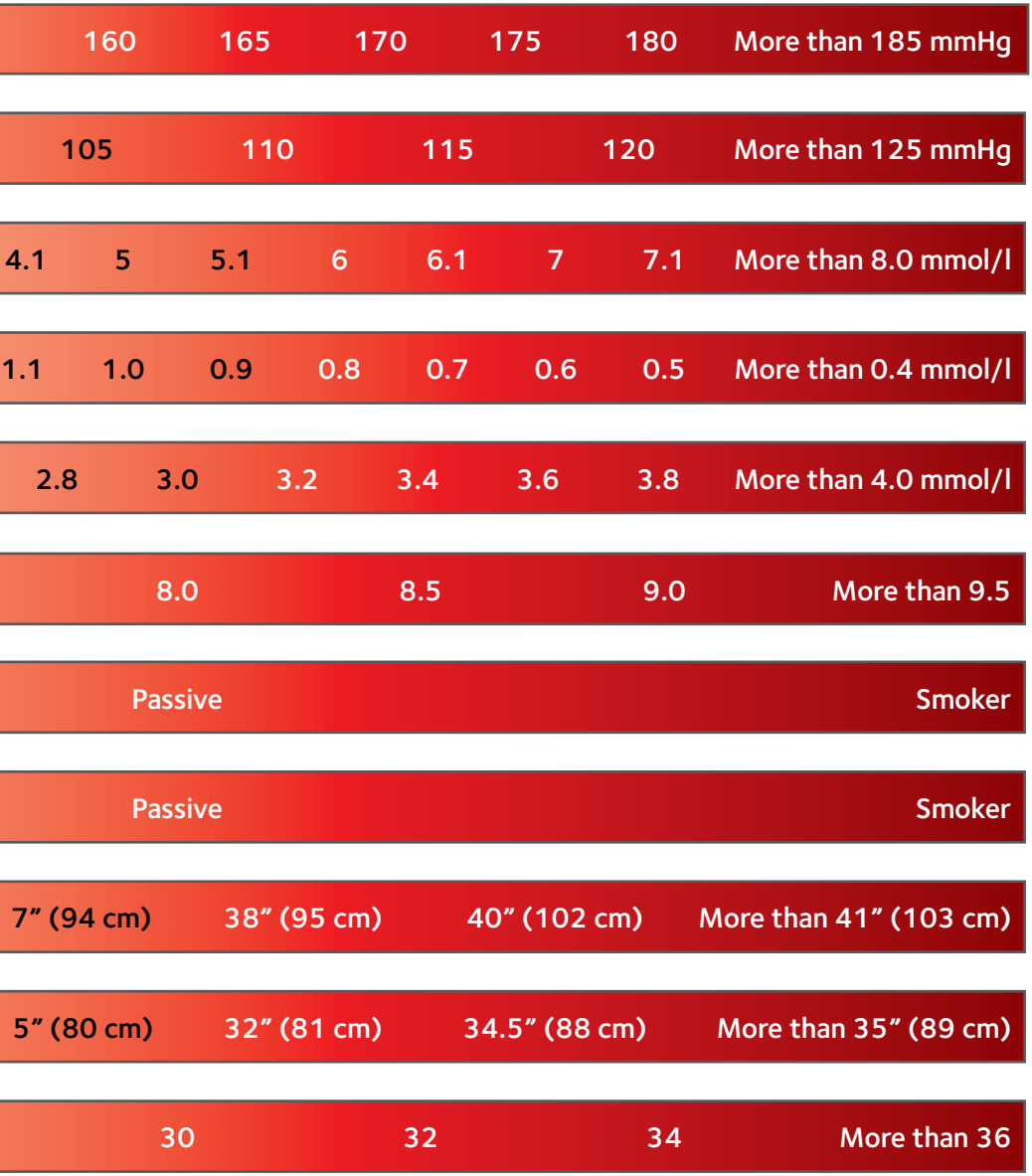
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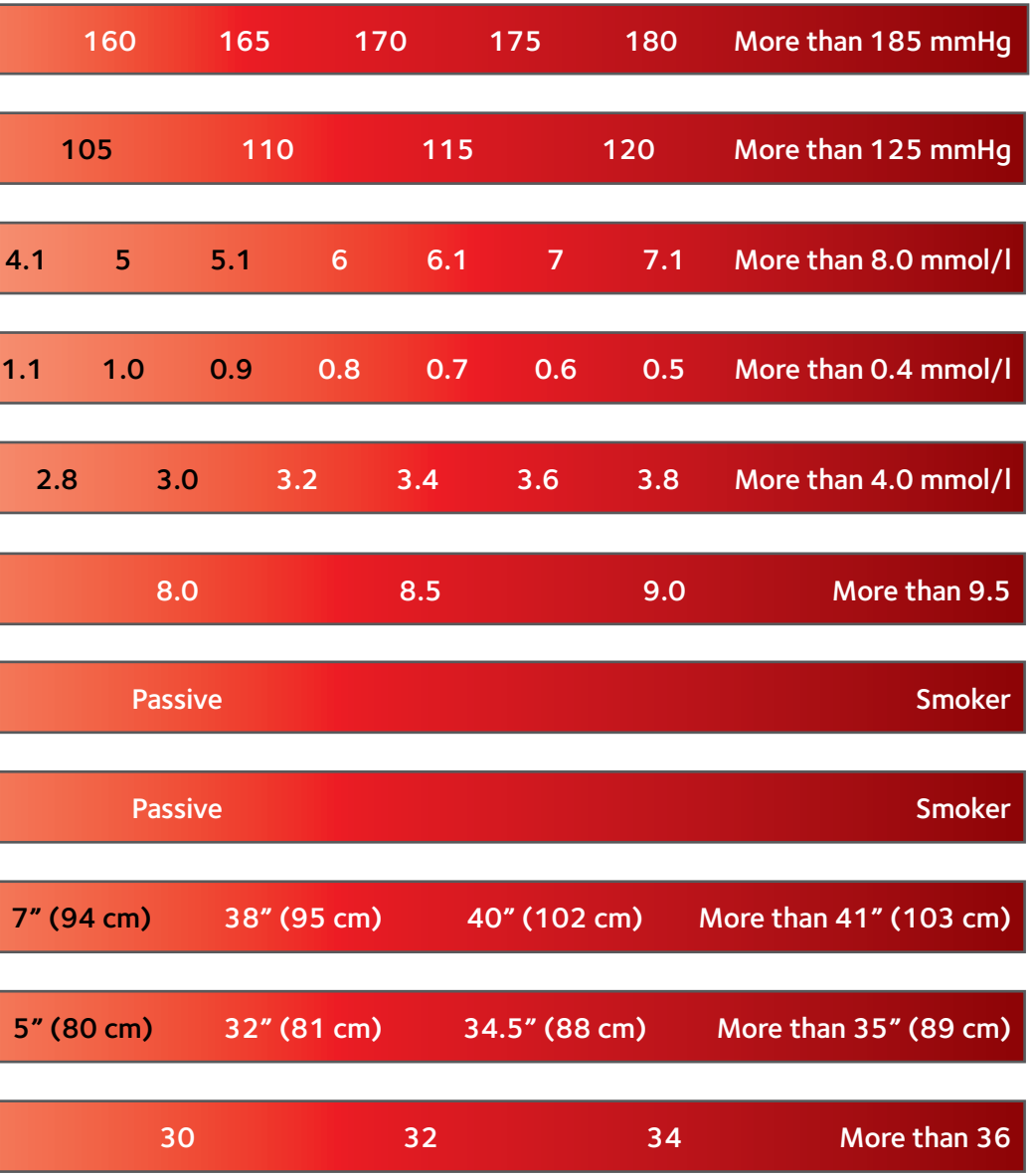
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