

Diabetes



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What is Diabetes?

Diabetes is due to a deficiency in the hormone 'insulin', which is normally produced by certain cells in the pancreas. As a result of the deficiency, sugar in the form of glucose builds up in the blood stream and appears in the urine.

Diabetes types

There are two types of diabetes.

- Type 1 diabetes
- Type 2 diabetes

Type 1

Type 1 diabetes develops if the body is unable to produce any insulin. This diabetes of this type usually develops before the age of 40. Of all people with diabetes, 5 – 15% have Type 1, this makes it the least common of the two main types.

Type 2

Type 2 diabetes develops when the body can still produce some insulin, but not enough, or when the insulin that is produced does not work properly (known as insulin resistance). In the vast majority of cases, this is linked to being overweight. This type of diabetes usually appears in people over the age of 40, although in South Asian and African-Caribbean people it often develops over the age of 25. Recently, more children are being diagnosed with the condition, some as young as seven. Of all diabetics 85 - 95% have Type 2

diabetes this makes it the most common of the two main types.

Living with Diabetes

Diabetes cannot be cured but you can control the symptoms in order to prevent health problems developing later on in life.

Day by day health management needs frequent monitoring by all concerned. Regular physical checkups, with urine and blood tests are the rule.

Glucose or blood sugar levels need to be regularly checked in diabetes. This can be done using a simple finger prick blood test. Ideal glucose blood level varies from person to person and it also varies through the day/ the normal blood glucose level is between 4 and 7 millimols per litres, and less than 10 millimols per litre two hours after eating.

Insulin cannot be taken by mouth – it is a protein that would be broken down by the stomach and therefore it has to be injected. In most cases the equipment will be an insulin pen rather than a syringe. Most people need between 2 and 4 injections a day

Meals and snacks should be eaten at regular intervals as discussed with the individuals parents/guardians/carers and dietician. Eating at regular intervals maintains stable blood glucose levels. There is no special 'diabetic diet' as such; individuals should eat healthy food, low in fat, salt and sugar including plenty of fruit and vegetables. A regular intake of starchy carbohydrate foods is important. Many famous people have diabetes including some sports stars.

Control of type 2 diabetes usually involves making dietary changes, losing weight and taking regular exercise. Some people may also need to take medication or have insulin injections.

Practical tips

Leaders must be thoroughly acquainted with the individual, their parents/guardians/carers and how their diabetes is controlled. As young people grow their requirements change and Leaders need to keep themselves updated; this may involve knowledge of how to test the blood or urine.

Find out what you need to do in the event of an emergency

Ensure that the appropriate routine regarding injections, meals and exercise is followed. If unaccustomed exercise is to be undertaken, it is advisable to take extra starchy food beforehand. A little too much is better than risking a hypoglycaemic incident (sometimes called a 'hypo').

Maintain a regular look out for infection on hikes and camps. Blisters, cuts and injection sites may serve as entry points for germs.

If someone with diabetes becomes generally unwell, seek medical advice early.

Special care and consideration are necessary when planning adventurous activities in remote areas.

What else do I need to know?

Leaders will need to be fully acquainted with the nature of the individual's condition and how it is controlled. Before undertaking any form of prolonged activity, i.e. outings, camps or holidays, discussions should take place to ascertain what regular routines should be followed with regard to diet and health care generally.

Hypoglycaemia 'a hypo' is the most common short term complication of diabetes and occurs when the blood glucose falls too low. Hypos are more likely to occur towards mealtimes, during or after session of increased activity or if a meal or snack

has been missed. Blood glucose levels fall because:

- Too much insulin has been given
- Not enough food has been eaten
- More exercise has been undertaken than usual.

A hypo happens quickly but most individuals will have warning signs to alert them.. These are:

- Hunger
- Trembling or shakiness
- Sweating
- Anxiety or irritability
- Fast pulse or palpitations
- Tingling of the lips
- Glazed eyes
- Pallor (paleness)
- Mood changes – especially angry or aggressive behaviour.
- Lack of concentration
- Vagueness
- Drowsiness

It is important to treat a hypo quickly. If the blood glucose level is left to fall the individual could become unconscious. The individual should not be left alone nor should they be sent to get food or treatment.

Providing they are able to swallow you can offer a sugary drink (non-diet), glucose tablets or fruit juice. If they are reluctant to drink an alternative is to massage GlucaGel inside their cheek. After having something sugary, it is advisable to eat a longer-acting carbohydrate food such as a few biscuits or a sandwich. Always make sure you have consulted the individuals parent/guardian/carer to confirm treatment in the event of a hypo.

If an individual becomes unconscious get medical help urgently.

Hyperglycaemia or Diabetic Coma occurs when the blood glucose gets too high. This can happen if:

- Doses of insulin are missed out
- A large excess of food is taken
- An infection is contracted.

This condition is less common and has a slower onset – sometimes over several weeks, but can result in a diabetic coma requiring urgent hospitalisation.

The individual may say that they feel thirsty or unwell and may have symptoms that suggest an infection. Others may notice excessive drinking and visits to the toilet. As the condition progresses the individual will appear ill, drowsy and their breath will carry a sickly sweet smell 'like pear drops'.

Early medical attention is essential. Hospital treatment involves replacing lost fluid and increasing insulin levels.

Leaders must recognise that in young people with diabetes, control of their disease often becomes the subject of rebellion as part of their adolescent process. For a while individuals may become careless, even foolish over diet, injections and their tests. This can cause additional problems and requires a good deal of understanding and discussion especially if adventurous activities are being contemplated.

Supplies of insulin may need refrigerated storage.

Correct storage and disposal of needles and syringes is a must.

If the young person cannot inject himself or herself it will be necessary to organise someone to do this, e.g. a District Nurse.

Further Information

Discuss with the individual and/or their parents/guardians the extent to which help is needed and learn any practical tips that they have to offer. They might also be able to arrange for you to have a chat with the GP or Specialist involved if it is felt to be helpful.


Support Organisations

Diabetes UK


10 Parkway
London

NW1 7AA

Careline: 0845 120 2960 (Monday – Friday
between 9am and 5pm)

 020 7424 1000

Email: info@diabetes.org.uk

 www.diabetes.org.uk