

# Long term management

There is no such thing as a 'touch of sugar' or 'mild' diabetes. Diabetes can cause some long-term problems. Your doctor and diabetes educator can help, but it is up to you to keep track of your diabetes and know your risk.

## Steps to take

1. Establish a plan with your GP.
2. Make the appointments at times you will remember.
3. Find out about local diabetes education services and support.
4. Know your risks.

## Planning your long term management

Diabetes changes over time. What works today may not work next year. Regular visits (3 – 6 monthly) to your doctor will allow you to identify any problems early and to discuss the best treatment.

You should be having:

- > 3 – 6 monthly A1c (long term blood glucose check)
- > yearly urine or blood test to check kidney function
- > yearly blood cholesterol
- > blood pressure check at every visit
- > yearly flu and 5 yearly pneumonia vaccinations
- > tetanus review.



## Regular checks also include:

- > at least yearly dentist visit
- > at least 2-yearly eye specialist (optometrist or ophthalmologist)
- > 6 monthly foot checks (GP, nurse or podiatrist)
- > review by a diabetes educator if required
- > review by a dietitian if problems with food / eating
- > review by an endocrinologist (diabetes specialist) if you have type 1 diabetes, are pregnant, or your diabetes is unstable.

## Emergencies

After hours, you may need to attend an emergency department at a hospital. Have an action plan for hypoglycaemia (low blood glucose), hyperglycaemia (high blood glucose), sick days and foot care.

## Social and economic issues

If you have any concerns re anxiety or depression seek professional help. Discuss this with your GP or diabetes health professional.



## Managing diabetes

You can help manage your diabetes by aiming for the following health goals. Examine your lifestyle and set goals that are right for you.

<b>Management goals for lifestyle</b>	
<b>Smoking</b>	If you smoke, talk to your GP about how to give up.
<b>Nutrition and healthy eating</b>	Aim to have a healthy eating plan every day. Include wholegrain breads and cereals, fruit, vegetables, low fat dairy products and lean meats or alternatives. Spread carbohydrate foods evenly over the day.
<b>Alcohol</b>	Up to 2 standard drinks a day. Drink less alcohol if trying to lose weight.
<b>Physical activity</b>	At least 150 minutes per week. How you do this is up to you.
<b>Healthy coping</b>	Any signs of anxiety or depression, seek help from your GP.
<b>Self care action plan</b>	
<b>Blood glucose monitoring</b>	Identify testing schedule based on type of therapy.
<b>Hypoglycaemia</b>	If at risk of low blood glucose, have an action plan.
<b>Foot care</b>	Have a self care plan based on your risk factors.
<b>Sick days</b>	Have a plan for when you are unwell.
<b>Travel</b>	If you travel, make a plan.
<b>Eating out, insulin etc</b>	Know what you need to do; talk to your diabetes educator.
<b>Reviews</b>	
<b>Weight / waist</b>	Ask your health professional for advice about your healthy weight and waist targets.
<b>Medication</b>	Take as prescribed – if you have problems, discuss with your doctor, pharmacist or diabetes educator.
<b>Feet</b>	Professional check at 6 monthly
<b>Kidney</b>	Urine albumin <20 mg/L (first morning specimen). Urine albumin <20 µg/min (overnight collection).
<b>Eyes</b>	At least 2 yearly.
<b>Goals of management</b>	
<b>A1c</b>	A1c 7% or less (3-6 monthly glucose test). Fasting and before meals 4-6 mmol/L.
<b>Blood pressure</b>	Under 130/80.
<b>Cholesterol</b>	Total cholesterol less than, 4 mmol/L.
<b>Aspirin</b>	May be beneficial for some people – talk to you GP.

### For more information

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