

NEW management guidelines

Care of diabetes evolves with medical understanding of its many influences and effects. Self-care is also changing – and being customised to suit your needs, as **Jayne Lehmann** explains.



Jayne Lehmann, RN, is a Credentialed Diabetes Educator with EdHealth Australia: www.edhealthaustralia.com

Type 2 diabetes goals

What can you expect from the new guidelines? Here's a snapshot taken from their executive summary:

- Eat a normal healthy diet – a Mediterranean diet is helpful if at risk of cardiovascular disease
- If overweight, try to lose 5–10% of your body weight e.g. 80 kg = 4–8 kg weight loss
- If very overweight, extra strategies to support weight loss should be discussed
- Do at least 30 minutes of moderate physical activity on most/all days
- Don't smoke
- Drink no more than 2 standard drinks per day
- Generally aim for long-term glucose level (glycosylated haemoglobin or HbA1c) under 7% unless otherwise suggested
- Keep blood fats (lipids) under control to decrease risk of heart disease, aiming for:
 - Total cholesterol <4
 - HDL cholesterol >1.0
 - LDL cholesterol <2.5
 - Triglycerides <2
- Blood pressure ≤130/80 mmHg
- Annual urine test result for microalbumin <3.5 for women and <2.5 for men
- Keep vaccinations up-to-date, including flu, pneumococcal disease

Just as you keep your diabetes knowledge up-to-date so too does your general practitioner. The Royal Australian College of General Practitioners (RACGP) has released updated *General Practice Management of type 2 diabetes 2014–2015* to guide GPs in their advice to people with type 2 diabetes.

This is the 18th edition of the guidelines and the first written completely by members of the RACGP Diabetes Network. Current research was reviewed and guided the advice in the guidelines. While it has been distributed to GPs across Australia, you are likely to also find it in the office of your diabetes educator and other health professionals interested in diabetes care.

WHO NEEDS TO SELF-MONITOR?

The RACGP guidelines recommend people with type 2 diabetes check their blood glucose levels (BGLs) regularly if:

- using insulin to treat their diabetes
- changing their insulin dose in response to BGLs
- taking one of the sulphonylurea class of diabetes medicines (e.g. gliclazide, glibenclamide, glipizide, glimeperide) that can cause low BGLs (hypoglycaemia)
- pregnant or planning a pregnancy
- feeling unwell or with an infection
- they have a haemoglobinopathy, a condition that affects red blood cells and can skew HbA1c results
- BGLs are checked for high or low patterns.

Let's face it, monitoring BGLs can be a pain – literally! Given the time and effort it takes, it's best to make sure it's working for you. To look for high or low patterns in your BGL monitoring:

- check levels across the day
- know what you are looking for
- know what to do when you find it.

Research has shown you can improve BGLs by doing seven tests (before and two hours after each meal and before bed) for three days. This sounds like a lot but what if it means you can have a break at other times?



“If you test intensively for 3 days, you may not have to check as often and can have a break”

↑ Testing before and two hours after each meal and before bed for three days helps show patterns in your glycaemic control

The intensive testing helps you structure your testing to see where your BGLs are forming patterns of lows and highs. Your doctor or diabetes educator can review these and suggest changes to get them back on track. Other options are to check:

- once a day or twice a week but not at the same time – rotate the times (among the seven times above) to check levels across the day but over a longer time period
- 2 hours after eating something and you want to check its impact on BGLs
- if you are sick or have an infection
- if your levels go up or down.

If you use meaningful information, you don't have to check as often and you can have a break when all is well!

HOW YOUR DIABETES CARE MAY CHANGE

1. Check with your doctor that it is safe for you to aim for the levels recommended in the RACGP guidelines:

- BGLs 6–8 mmol/L fasting, 8–10 mmol/L two hours after meals
- HbA1c under 7% (53 mmol/mol).

2. Check your BGLs in a structured way for quality not quantity of results. The table below suggests when to change blood glucose monitoring (BGM), which a diabetes educator can help you customise.

Ask yourself:	Answers	
	Yes	No
Are my levels high or low right now?	Increase BGM	Decrease BGM
Do I want to gather information about my levels quickly? e.g. hypoglycaemia	Increase BGM	Decrease BGM
Am I at risk of a hypo?	Increase BGM	Decrease BGM
Is everything okay with my levels?	Have a break	Increase BGM
Do I want to see the impact of a food on my levels?	Check 2 hours after eating it	Don't check

3. Act on any patterns of high or low levels by reviewing your:

- food
- exercise stress
- illness or infection
- medication – ask your doctor or diabetes educator for the targets you should be aiming for given your specific health issues. More than likely, they will be using the new guidelines in their advice!

Go to www.adea.com.au to find a diabetes educators near you who can help you:

- choose the right meter
- get an accurate BGL result
- understand what their BGL results mean
- act on the result to make a difference to their health
- customise their BGM
- have a break from BGM when levels are on target. ♥