

Understanding diabetes

Your essential guide



Contents

How this booklet can help you	3
What is diabetes?	4
Symptoms of diabetes	7
Diagnosis	8
A healthy, active lifestyle	9
Short-term complications	16
Long-term complications	18
Coping with diabetes when ill	21
Frequently asked questions	22
Sources of information and support	24
About Diabetes UK	26
Become a member today	27
Diabetes UK – National and regional offices	28

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How this booklet can help you

This booklet is an introduction to diabetes for adults who:

- have recently been diagnosed with Type 1 or Type 2 diabetes
- have been diagnosed a while ago but still have some unanswered questions
- are caring for or family/friends of someone who has diabetes
- are interested in diabetes and want to find out more.



It provides you with information about:

- diabetes, the two main types of diabetes and their symptoms
- how to live a healthy, active life with diabetes
- managing the condition
- the short-term and long-term complications associated with having diabetes
- frequently asked questions
- sources of support and further reading.

We hope that this booklet will help you learn more about diabetes and to understand that, if properly managed, having diabetes should not stop you from leading a full and active life.

It is important that the information in this booklet is used together with advice from your healthcare team.

What is diabetes?

Diabetes is a common life-long health condition. There are 2.5 million people diagnosed with diabetes in the UK and over 500,000 people who have the condition but don't know it.

Diabetes is a condition where the amount of glucose in your blood is too high because the body cannot use it properly. This is because your pancreas does not produce any insulin, or not enough, to help glucose enter your body's cells – or the insulin that is produced does not work properly (known as insulin resistance).



Insulin is the hormone produced by the pancreas that allows glucose to enter the body's cells, where it is used as fuel for energy so we can work, play and generally live our lives. It is vital for life.

Glucose comes from digesting carbohydrate and is also produced by the liver. **Carbohydrate** comes from many different kinds of foods and drink, including starchy foods such as bread, potatoes and chapatis; fruit; some dairy products; sugar and other sweet foods.

If you have diabetes, your body cannot make proper use of this glucose so it builds up in the blood and isn't able to be used as fuel.

There are two main types of diabetes: Type 1 and Type 2.

Type 1 diabetes

Type 1 diabetes develops when the insulin-producing cells in the body have been destroyed and the body is unable to produce any insulin.

Diabetes develops when glucose can't enter the body's cells to be used as fuel. This happens because either...



...there is no key (insulin) to unlock the door to the cells... as in **Type 1 diabetes**



4



...or the key (insulin) is unable to unlock the door properly and/or ...the key (insulin) is there, but the lock doesn't work properly... as in **Type 2 diabetes**



5

Insulin is the key that unlocks the door to the body's cells. Once the door is unlocked glucose can enter the cells where it is used as fuel. In Type 1 diabetes the body is unable to produce any insulin so there is no key to unlock the door and the glucose builds up in the blood.

Nobody knows for sure why these insulin-producing cells have been destroyed but the most likely cause is the body having an abnormal reaction to the cells. This may be triggered by a virus or other infection. Type 1 diabetes can develop at any age but usually appears before the age of 40, and especially in childhood.

Type 1 diabetes accounts for between 5 and 15 per cent of all people with diabetes and is treated by daily insulin injections, a healthy diet and regular physical activity.

Type 2 diabetes

Type 2 diabetes develops when the body can still make some insulin, but not enough, or when the insulin that is produced does not work properly (known as insulin resistance).

Insulin acts as a key unlocking the cells, so if there is not enough insulin, or it is not working properly, the cells are only partially unlocked (or not at all) and glucose builds up in the blood.

Type 2 diabetes usually appears in people over the age of 40, though in South Asian and black people, who are at greater risk, it often appears from the age of 25. It is also increasingly becoming more common in children, adolescents and young people of all ethnicities.

Type 2 diabetes accounts for between 85 and 95 per cent of all people with diabetes and is treated with a healthy diet and increased physical activity. In addition to this, medication and/or insulin is often required.

Symptoms of diabetes

Symptoms occur because some or all of the glucose stays in the blood and it isn't being used as fuel for energy. The body tries to reduce blood glucose levels by flushing the excess glucose out of the body in the urine.

The main symptoms of undiagnosed diabetes can include:

- going to the toilet all the time, especially at night
- increased thirst
- extreme tiredness
- unexplained weight loss
- genital itching or regular episodes of thrush
- slow healing of cuts and wounds
- blurred vision.

In Type 1 diabetes the signs and symptoms are usually very obvious and develop very quickly, typically over a few weeks. The symptoms are quickly relieved once the diabetes is treated and under control.

In Type 2 diabetes the signs and symptoms may not be so obvious, as the condition develops slowly over a period of years and may only be picked up in a routine medical check up. Symptoms are quickly relieved once diabetes is treated and under control.

If you have any of the above symptoms contact your GP. Early diagnosis, treatment and good control of diabetes is vital to reduce the chances of developing serious diabetes complications (see pages 18–20).



Diagnosis

Coming to term with diagnosis

Diabetes does not wait for a convenient time in life to be diagnosed. Often people are already experiencing other stresses and complications in life (work, home relationships or other illnesses for instance) at the time of diagnosis, which can make diagnosis even harder to deal with.

It is not unusual for people to experience some of the following thoughts and feelings:

- I was healthy and now I'm 'ill' – it feels unfair and I'm angry/depressed.
- What I eat may be risky and that makes me anxious.
- I have to change my whole life, what if I can't manage?
- It's all my fault.
- If I change my lifestyle perhaps my diabetes will go away.
- Complications are inevitable.
- My body is out of control, I feel helpless.

These feelings are very common and part of the process of adapting to having diabetes. Having thoughts like these does not mean that the person is not coping but maybe that they need more information or support and this should lessen once they start to learn more.

Lifestyle changes and choices

Diabetes is serious and should be treated properly. People with diabetes should have access to good, regular healthcare. However, at the same time, the decisions that are made by those with diabetes are central to the management of their condition.

Although diabetes cannot yet be cured it can be managed very successfully. This is likely to involve lifestyle changes that will have enormous health benefits and allow a person to continue their normal day-to-day life. You will read more about how to make lifestyle changes in the following pages.

If you have diabetes, it is a good idea to carry some form of medical ID so that if you are unwell, people will know that you have diabetes. Some people carry a card or wear jewellery that has the international symbol of medicine. Ask your healthcare team or phone Diabetes UK Careline (details on back cover) for further information.

A healthy, active lifestyle

Eating well

Balancing your diet when diagnosed with diabetes can be challenging. Food choices and eating habits are important to help manage diabetes. It should be possible to continue to enjoy a wide variety of foods as part of healthy eating. It is better to make small changes that can be maintained, rather than extreme changes that can't – there is no need to completely give up your favourite chocolate bar or cream cake, but make sure it is eaten as an occasional treat.



Taking steps to a balanced diet will help control blood glucose levels, blood fats (including cholesterol) and blood pressure.

Ten steps to eating well

1. Eat three meals a day. Avoid skipping meals and spread your breakfast, lunch and evening meal out over the day. This will not only help control your appetite but will also help control your blood glucose levels.



2. At each meal include starchy carbohydrate foods such as bread, pasta, chapatis, potatoes, yam, noodles, rice and cereals. The amount of carbohydrate you eat is important to control your blood glucose levels and the amount of carbohydrate that your body needs varies depending on your age, weight and activity levels.



All varieties are fine but try to include those that are more slowly absorbed (have a lower glycaemic index) as these won't affect your blood glucose levels as much. Better choices include:

- pasta
- basmati or easy cook rice
- grainy breads such as granary, pumpernickel and rye
- new potatoes, sweet potato and yam
- porridge oats, All bran and natural muesli.

Look out for the high fibre varieties of starchy foods which help to maintain the health of your digestive system and prevent problems such as constipation.



3. Cut down on the fat you eat, particularly saturated fats, as a low-fat diet benefits health. Choose unsaturated fats or oils, especially monounsaturated fat (eg olive oil and rapeseed oil) as these types of fats are better for your heart. All fat contains calories. As fat is the greatest source of calories, eating less fat will help you lose weight if you need to. To cut down on the fat you eat, here are some tips:

- Use less saturated fat by having less butter, margarine and cheese.
- Choose chicken, turkey, lean meat and fish as low-fat alternatives to fatty meats.



- Choose lower fat dairy foods such as skimmed or semi skimmed milk, low-fat or diet yogurts, reduced fat cheese and lower fat spreads.
- Grill, steam or oven bake instead of frying or cooking with oil or other fats.
- Watch out for creamy sauces and dressings and swap for tomato based sauces instead.

4. Eat more fruit and vegetables.

Aim for at least five portions a day to provide you with vitamins, minerals and fibre to help you balance your overall diet. One portion is, for example: a banana or apple, a slice of melon, two plums, a handful of grapes, a tablespoon of dried fruit, a small glass of fruit juice or fruit smoothie, three heaped tablespoons of vegetables or a cereal bowl of salad.

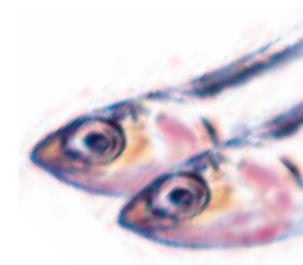


5. Include more beans and lentils

such as kidney beans, butter beans, chickpeas or red and green lentils. These have less of an effect on your blood glucose levels and may help to control your blood fats. Try adding them to stews, casseroles and soups, or to a salad.



6. Aim for at least two portions of oily fish a week. Examples include mackerel, sardines, salmon and pilchards. Oily fish contains a type of polyunsaturated fat called omega 3 which helps protect against heart disease.



7. Limit sugar and sugary foods. This does not mean you need to eat a sugar-free diet. Sugar can be used in foods and in baking as part of a healthy diet. Using sugar-free, no added sugar or diet fizzy drinks/squashes, instead of sugary versions can be an easy way to

reduce the sugar in your diet. Sugary drinks are best used for a treatment for a hypo (explained on page 16).

8. Reduce salt in your diet to 6g or less a day – more than this can raise your blood pressure, which can lead to stroke and heart disease. Limit the amount of processed foods you eat (as these are usually high in salt) and try flavouring foods with herbs and spices instead of salt.



9. Drink alcohol in moderation only – that's a maximum of two units of alcohol per day for a woman and three units per day for a man. For example: a single pub measure (25ml) of spirit is about 1 unit or half a pint of lager, ale, bitter or cider has 1–1½ units.

Over the years the alcohol content of most drinks has gone up. A drink can now contain more units than you think – a small glass of wine (175ml) could contain as much as 2 units. Remember, alcohol contains empty calories so think about cutting back further if you are trying to lose weight. Never drink on an empty stomach, as alcohol can make hypoglycaemia (low blood glucose levels) more likely to occur when taking certain diabetes medication.



10. Avoid diabetic foods or drinks. They offer no benefit to people with diabetes and they:

- will still affect your blood glucose levels
- contain just as much fat and calories as the ordinary versions
- can have a laxative effect
- are expensive.

Diabetes UK recommends that everyone with diabetes should see a registered dietitian at diagnosis, and then have regular reviews for specific advice on their eating habits. Ask your doctor to refer you.

Keeping active

Physical activity, combined with healthy eating and any diabetes medication that a person with diabetes might be taking, will help manage the condition. Being active is good for all of us, but is especially important for people with diabetes. It will help improve blood glucose, blood pressure and blood fat levels (including cholesterol), help with controlling weight and help prevent the long-term complications of diabetes.



Being more active often conjures up thoughts of expensive gym memberships, running on a treadmill and aerobics in a leotard – yet this need not be the case. The good news is that people can become more active by making small lifestyle changes, such as parking the car in the furthest spot in the car park or going out for a walk during lunch breaks.

Every form of physical activity counts. The recommended minimum amount of activity for adults is 30 minutes on at least five days of the week (that's only 2.5 hours out of a 168 hour week).

Activity can be spread out throughout the day into bite-size chunks that may help achieve personal goals and should be at a pace where you feel slightly out of breath to gain the full benefits.

Remember it is advisable to talk to your doctor/healthcare team before you start any new activity and once you are active on a regular basis. If you have diabetes and are on medication it may need to be adjusted.

Quit smoking

Giving up smoking is one of the best things people can do for their health. Smoking increases the risk of developing long-term health complications, such as cardiovascular disease, lung and mouth cancer. Giving up can be hard but getting the right support is key to helping people quit. Ask your healthcare team about smoking cessation clinics and treatments available to help you stop smoking. There are several help-lines which you can call for advice and support (further details can be found on page 24).



Managing diabetes

One of the aims of diabetes management is achieving control of blood glucose, blood pressure and blood fats levels. Good control is very important in helping to avoid developing the long-term complications of diabetes (see pages 18–20).

Blood glucose levels

The table below is a general guide to the target blood glucose levels before and after meals:

Type 1 and Type 2 diabetes

Glucose levels before meals **4–6mmol/l**

Glucose levels 2 hours after meals **below 10mmol/l**

At least once a year your healthcare team should check your long-term diabetes control. The most common test is HbA1c, which indicates your blood glucose levels over the previous 2–3 months. The general target is 6.5 per cent or below.

Each individual's clinical needs will vary so, it is important to discuss with your diabetes healthcare team your individual blood glucose and HbA1c target levels, and whether home blood glucose monitoring is appropriate for you.

Controlling Type 1 diabetes

To help control blood glucose levels in Type 1 diabetes it is necessary to take insulin. Insulin can be administered in different ways, including via a pen, syringe or pump. There are six main types of insulin, which all work for varying lengths of time. Your healthcare team will discuss the option most suitable for you.

Controlling Type 2 diabetes

Type 2 diabetes is a progressive condition and over time it may be that following a healthy eating plan and being physically active is not enough to control blood glucose levels. If this happens, your healthcare team may advise you to start taking diabetes medication or increase and/or alter your dosage, if you are already on medication. Some people with Type 2 diabetes will also need to take insulin to help control their blood glucose levels.

Blood pressure and blood fats (including cholesterol)

The table below is a guide to the blood pressure and blood fat targets (about your individual target levels seek advice from your healthcare team):

Type 1 and Type 2 diabetes

Blood pressure **130/80mmHg or below**

Blood fats (total including cholesterol) **below 4mmol/l**

Diet and lifestyle changes may not be enough to achieve these targets and medication may also be needed.

Medication

If medication is needed to achieve good diabetes control your healthcare team will discuss the best choice of treatment.

Increasing or changing diabetes medication is not a sign your diabetes is becoming more severe, but that your healthcare team are working with you to improve your diabetes management.

If you are taking diabetes medication you are exempt from prescription costs. Ask at your doctor's surgery for a FP92A form.

Short-term complications

Hypoglycaemia

Hypoglycaemia (hypo) means low blood glucose levels – that is, less than 4mmol/l. Hypos can happen when diabetes is treated with insulin and/or with some diabetes medication. Hypos should be treated immediately. If hypos are not treated, symptoms can become worse and a person can become unconscious.

Reasons for a hypo include:

- too much diabetes medication
- delayed or missed meal or snack
- insufficient carbohydrate
- unplanned exercise
- drinking alcohol without food.

Sometimes there is no obvious cause.

Warning signs can include, among others:

- hunger
- trembling
- sweating
- mood change
- paleness.



What to do

- Immediately take/give a short-acting carbohydrate, eg glass of Lucozade, three or more glucose tablets, five sweets eg jelly babies, glass of fruit juice – quantities will vary for each person and on the circumstances.
- Follow this with a longer-acting carbohydrate, eg sandwich, cereal, fruit, biscuits and milk or the next meal if it is due.
- If someone is unconscious, dial 999. Never try to give food or drink to someone who is unconscious.

Some people with diabetes who have persistently raised blood glucose levels can mistakenly think they are having a hypo when their blood glucose levels starts lowering. If you are able, check your level and **only treat if below 4mmol/l**.

Hyperglycaemia

Hyperglycaemia (hyper) means having high blood glucose levels. Consistently high blood glucose levels, if left untreated, can lead to a dangerous condition called diabetic ketoacidosis in people with Type 1 diabetes.

The initial symptoms of raised blood glucose levels include passing more urine and feeling thirsty, which can cause you to become dehydrated.

If left untreated symptoms will progress, and include amongst others nausea and vomiting, drowsiness and eventual unconsciousness.

What to do

With Type 1 diabetes, if blood glucose levels are 15mmol/l or more, test blood and urine for ketones. If ketones are found call your general practice or go to the nearest Accident and Emergency.

In Type 2 diabetes, ketoacidosis is very rare, but severe dehydration and very high blood glucose levels can mean emergency treatment in hospital is needed.

Long-term complications

Diabetes is serious and, if not well managed, can lead to long-term health complications affecting many areas of the body including your eyes, heart, kidneys, nerves and feet.

The good news is that by keeping blood glucose, blood pressure and blood fat levels as near to normal as possible, together with following a healthy lifestyle, the risks of developing long-term complications can be reduced. These complications include:

Cardiovascular disease (CVD)

This includes heart disease, stroke and all other diseases of the heart and circulation. People with diabetes are four to five times more at risk of developing CVD compared to people without diabetes.



Poorly controlled blood glucose, blood pressure and blood fat levels increase the likelihood of narrowing and blocking of the arteries. This is known as atherosclerosis. Atherosclerosis can lead to certain areas of the body being starved of essential oxygen and nutrients. If an artery leading to the heart becomes blocked, it can cause a heart attack. If this happens to an artery leading to the brain, it can cause a stroke.

Eyes (retinopathy)

People with diabetes are at risk of developing retinopathy. Retinopathy is caused when the blood vessels in the retina become blocked, leaky or grow haphazardly. This damage gets in the way of the light passing through to the retina (the 'seeing' part of the eye) and, if left untreated, can damage your vision.



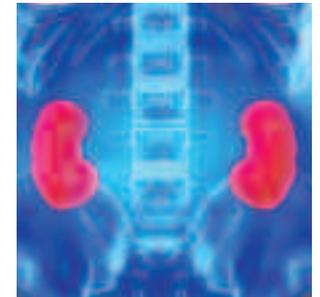
Keeping blood glucose, blood pressure and blood fat levels under control will greatly help to reduce the risk of developing retinopathy. It is recommended that people with diabetes have their eyes screened annually with a specialised digital camera, which can identify retinopathy. Retinopathy can be treated by laser therapy but this will not restore any vision that has already been lost. Research shows that if retinopathy is identified early, through retinal screening, and treated appropriately, blindness can be prevented in the majority of people at risk.

Diabetes is the leading cause of blindness in the working age population in the UK.

Annual retinal screening using a digital camera can help prevent blindness.

Kidney disease (nephropathy)

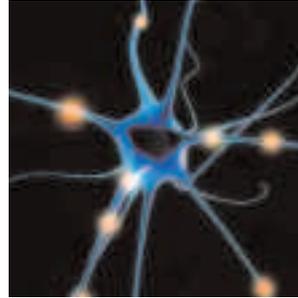
Kidney disease occurs when the kidneys start to fail. It develops very slowly, over many years. Kidney disease can be a very serious condition, which is why it is very important to detect it at its earliest stage. It is most common in people who have had diabetes for over 20 years. About one in three people with diabetes might go on to develop kidney disease but as treatments improve the condition is managed much more effectively.



Keeping blood glucose, blood pressure and blood fat levels under control can greatly reduce the risk of developing kidney disease.

Nerves (neuropathy)

Neuropathy is damage to the nerves. High blood glucose levels can damage the body's nerves, weakening their ability to transmit signals. Raised blood glucose levels can also harm the blood vessels that carry oxygen and nutrients to the nerves. There are different types of neuropathy:



- **Sensory neuropathy** affects the nerves that carry messages from the skin, bones and muscles to the brain. It is the most common form of neuropathy and mainly occurs in the feet and legs, but can also occur in the arms and hands. It can lead to a loss of feeling and a failure to sense pain. Symptoms include numbness, tingling and extreme sensitivity to touch.
- **Autonomic neuropathy** affects the nerves that control the automatic workings of the body. These include the sexual organs in both men and women (causing erectile dysfunction and vaginal dryness), stomach, intestine, sweat glands and sometimes the heart. Symptoms vary depending on the part of the body affected.
- **Motor neuropathy**, which is very rare, involves the eyes and muscles of the legs and feet. Sometimes painful, it causes muscle weakness and, in areas like the thigh, muscle wasting can occur. If the nerves that supply the muscles in the foot are affected it can lead to the development of foot deformities.

Your healthcare team will be able to advise on the various treatments available for neuropathy.

Remember, if you have diabetes, it is important that you have access to regular health checks with your healthcare team to identify any problems early, so you can be treated effectively and be supported in achieving good diabetes control.

Coping with diabetes when ill

For people with diabetes, illness and infections, like other forms of stress, will raise blood glucose levels. This is because part of the body's defence mechanism for fighting illness and infection puts more glucose into the bloodstream and prevents insulin working properly.



Blood glucose levels rise even when a person is off their food or eating less than usual.

Important steps to follow when ill include:

- Test blood glucose levels more often – at least four times a day and four times at night.
- With Type 1 diabetes, if blood glucose levels are 15mmol/l or more, test blood or urine for ketones.
- Continue to take insulin or diabetes medication and adjust the dose in response to test results. For advice on how to do this contact your doctor or healthcare team.
- Drink plenty of sugar-free drinks.
- If being sick, take carbohydrate containing drinks such as milk and other milky drinks, fruit juice or sugary drinks such as Lucozade, ordinary cola or lemonade.
- If able to eat but have no appetite, eat little and often, taking carbohydrate containing drinks, as above, and snacks such as toast, biscuits and cereal.
- Contact your doctor or healthcare team if any of the following apply: blood glucose levels are continuously high, ketones in blood or urine, vomiting or if you are unsure what to do.

Frequently asked questions

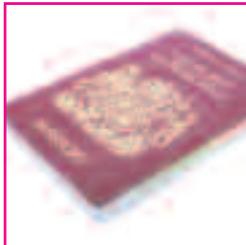
Will having diabetes affect my job or stop me from getting the job that I want?

Having diabetes should not stop you from getting and keeping a job. The Disability Discrimination Act (DDA) states that it is against the law for any employer (apart from the armed forces) of any size to discriminate against a person because of their condition and this includes people with diabetes. As a result of the DDA it is now illegal for any employer (apart from the armed forces) to impose a blanket ban on recruitment of people with diabetes. If you feel you have been refused a job because of your diabetes, or have been dismissed from a job for the same reason, it may be worth appealing the situation. Contact the Equality and Human Rights Commission helpline, your local Citizens Advice Bureau or our Advocacy Service if you need advice (details on page 24).



Can I still travel if I have diabetes?

Of course. People with diabetes travel all over the world – you do not need to choose special holidays or curb your wander lust. The key is making the right preparations to minimise any potential problems and have an enjoyable safe trip. For useful information on travel and diabetes visit our website (see page 25).



Am I allowed to drive?

Having diabetes does not mean you need to give up driving but there are important points you need to consider, including contacting your insurance company, hypoglycaemia, your eye sight and restricted licences. You may also need to contact the Driving and Vehicle Licencing Agency (Driver and Vehicle Agency in Northern Ireland). Download our free **Driving and diabetes** information sheet for further reading (see page 25).



Will I be able to get insurance?

Having diabetes can affect both existing policies and many new policies that you might choose. Tell your insurance company that you have diabetes because, if you don't, it may make your insurance invalid. Shop around for the best deal. Diabetes UK Insurance Services has been set up as a result of the many enquiries we receive from people with diabetes who have trouble getting some insurance products. These policies are also available for people without diabetes. For every policy sold an amount is donated to Diabetes UK. For more information call: 0800 731 7431 or visit their website: diabetes@heathlambert.com



Will I need extra support and where can I get it?

Managing your diabetes can at times seem incredibly demanding and some people find that support and encouragement can be really beneficial in helping them cope. Support should ideally come from someone you have regular contact with, maybe your partner, a friend, or someone from your healthcare team. Ask your healthcare team about any support groups in your area. Diabetes UK Careline and Diabetes UK Voluntary groups can also provide support and information (for more details see page 24).



What education is available?

NHS guidelines now recommend that people with diabetes be offered patient education programmes, known as structured education. All people with diabetes should receive the education and support they need to equip them with the necessary information and skills to manage their diabetes. Discuss with your healthcare team about suitable courses available in your area.



Sources of support and information

For people with diabetes, it's likely to affect people close to them as well. Sharing information and concerns and listening will help you be supportive of one another.

Further support

Diabetes UK Advocacy Service provides support and information for vulnerable people with diabetes, including writing letters and making calls on behalf of clients. Tel: 020 7424 1847

Diabetes UK Careline is operated by trained counsellors, who can provide support and information to help you feel more motivated and resourced to manage your condition. For details see back cover

Diabetes UK Voluntary groups are support groups for people living with diabetes, who can meet and share experiences. To find your nearest local group contact Volunteer Development team on 020 7424 1000 or email voluntarygroups@diabetes.org.uk

NHS Direct 24-hour nurse-led health telephone service. Tel: 0845 4647

NHS24 (Scotland) Confidential telephone health advice and information service for people in Scotland. Tel: 0845 424 24 24

Citizens Advice Bureau www.adviceguide.org.uk or for details of your local bureau call: 020 7833 2181

NHS free smoking helpline Tel: 0800 022 4332 or text 'give up' and your post code to 88088 to find your local stop smoking service

Equality and Human Rights Commission Helpline

www.equalityhumanrights.com

England – tel: 0845 604 6610 or text: 0845 604 6620

Scotland – tel: 0845 604 5510 or text: 0845 604 5520

Wales – tel: 0845 604 8810 or text 0845 604 8820

Further reading — Diabetes UK resources

Diabetes UK produces information on all aspects of living with diabetes, including lifestyle, treatment and long-term complications. Recommended further reading for anyone who has recently been diagnosed with diabetes are:

Diabetes for beginners Type 1	code: 6015 (magazine)
Diabetes for beginners Type 2	code: 6014 (magazine)
Eating well for Type 1 diabetes	code: 9827 (booklet)
Eating well for Type 2 diabetes	code: 9831 (booklet)
Keeping active	code: 8045 (booklet)
What diabetes care to expect	code: 8010 (booklet)

This is a small selection of the wide range of information we produce to help you understand, live with and manage the condition.

To order any of these, or for a **free catalogue** of all our publications, please call **0800 585 088** or visit our online shop **www.diabetes.org.uk**. Many of our publications are free although a small charge is made to cover postage.

We also provide information in different languages and formats. For more information on these, please refer to our catalogue.

This information is available in large print. Please call **0800 585 088** for a copy.

Diabetes UK website provides you with quick and easy access to all you need to know about living with diabetes. Visit **www.diabetes.org.uk/guide-to-diabetes**

About Diabetes UK

Diabetes UK is the charity for people with diabetes, their family, friends and carers. Our mission is to improve the lives of people with the condition and work towards a future without diabetes.

Diabetes UK stands up for the interests of people with diabetes by campaigning for better standards of care. We are one of the main funders of diabetes research in the UK which includes research into cause and prevention, care and treatment and finding a cure. We provide practical support and information and safety-net services to help people manage their diabetes.

Did you know?

There are 2.5 million people in the UK diagnosed with diabetes and over 500,000 people that have the condition but don't know it.

- Our website www.diabetes.org.uk has over 5,000 visitors a day.
- We have a **network of offices throughout the UK** – see back cover.
- Diabetes UK Careline staff answer **over 200 enquiries a day**.
- We spend over **£7 million a year on diabetes research**.
- We produce a wide range of **magazines, books and leaflets** covering all aspect of diabetes.



All of this and more is made possible through donations, fundraising and by people becoming members of Diabetes UK.

How can you help?

You can be actively involved in the work Diabetes UK does. For details call **0207 424 1000** or visit our website about:

- Diabetes Campaigners Network** – www.diabetes.org.uk/campaigns
- Fundraising ideas and events** – www.diabetes.org.uk/fundraise
- Make a donation** – www.diabetes.org.uk/donate

Become a member today

Every week over 400 people with diabetes join Diabetes UK. If you've been diagnosed with diabetes why not join them to add your voice to our work.

Diabetes UK membership gives you:

- **Balance** our bi-monthly members' magazine
- Diabetes UK Careline with trained counsellors, who provide confidential advice to your questions and concerns about living with diabetes
- a range of dietary, exercise and diabetes booklets
- more than 350 local support groups across the UK
- updates on the latest breakthroughs in diabetes research
- specially-designed insurance and financial products to meet the needs of people with diabetes
- the opportunity to add your voice to our campaign work and support the 2.5 million people diagnosed with diabetes in the UK.



To join visit www.diabetes.org.uk/become a member or call free **0800 138 5605**

For more information call our Customer Services team on **0845 123 2399** during office hours

Diabetes UK

National and regional offices

Central Office Telephone **020 7424 1000**

Diabetes UK Cymru Telephone **029 2066 8276**

Diabetes UK Northern Ireland Telephone **028 9066 6646**

Diabetes UK Scotland Telephone **0141 332 2700**

Diabetes UK Eastern Telephone **01376 501390**

Diabetes UK East Midlands Telephone **0115 950 7147**

Diabetes UK London Telephone **020 7424 1116**

Diabetes UK Northern & Yorkshire Telephone **01325 488606**

Diabetes UK North West Telephone **01925 653281**

Diabetes UK South East Telephone **01372 720148**

Diabetes UK South West Telephone **01823 324007**

Diabetes UK West Midlands Telephone **01922 614500**

Visit www.diabetes.org.uk/in_your_area/ for email addresses

Useful contacts

Become a member Telephone **0800 138 5605**

Customer Services Telephone **0845 123 2399**

Diabetes UK Careline Telephone **0845 120 2960***

(For people who are deaf or hard of hearing, calls are welcomed via TypeTalk)

Publications orderline Telephone **0800 585 088**

Visit www.diabetes.org.uk for further information

*Diabetes UK Careline is here to help. Call **0845 120 2960** for support and information (although unable to provide individual medical advice). Calls cost no more than 4p per minute. Calls from mobiles usually cost more.



The charity for people with diabetes

Macleod House, 10 Parkway, London NW1 7AA

Telephone 020 7424 1000 **Fax** 020 7424 1001

Email info@diabetes.org.uk

Website www.diabetes.org.uk

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