

GlucoMen®

the importance of glucose control



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Diabetes is a common condition in which the amount of glucose (sugar) in your blood is too high. Glucose comes from the digestion of starchy food and is normally controlled by insulin, a hormone produced by the pancreas. If insulin is missing or is not effectively being used, glucose absorbed from food cannot be used by the body as an energy source. The glucose concentration then increases in your blood.

Several medical studies have shown that the higher the average blood glucose (sugar), the greater the risk of damage to small blood vessels and nerves, which can cause problems called “complications”.

Possible complications

If not properly controlled, diabetes can result in dangerous complications due to increases or decreases in blood glucose (sugar) levels. In extreme cases short-term complications, such as diabetic ketoacidosis (DKA) can require urgent hospital treatment to stabilise the blood glucose level.

There are also many possible long-term complications, which are caused by poor glucose control. These include:

- Damaged blood vessels and nerves
- Impaired eye sight
- Kidney damage
- Leg and foot ulcers
- Heart disease
- Circulatory problems

Treating diabetes aims to minimise the risk of developing complications. For this reason it is important that you are actively involved in controlling your blood glucose levels.

Monitoring glucose

In order to keep well and healthy, some changes to your lifestyle may be needed. It is important that you work closely with your care team as they will work with you to set up a care plan specifically designed for you. You will gain essential understanding of your own diabetes, enabling you to be in control of your condition.

Going for a walk, eating out or having a drink with friends are normally taken for granted, but these activities can affect your glucose (sugar) levels, so your care plan should give you information on the following:

- Healthy diet – low in saturated fat and sugar
- Drugs – in the form of insulin injections or tablets
- Regular physical exercise
- Lifestyle changes
- Medical reviews
- Ongoing education about your diabetes
- Education on glucose testing and what your results mean

One of the best ways to be sure that your care plan is working is by monitoring your glucose levels. This should be done by yourself and through regular health check reviews with your care team.

Your diabetes care team will give you a range to keep your blood glucose levels. A normal glucose level is around 4.0-7.0mmol/l.

Keeping your levels as close to this range as possible, most of the time, greatly reduces the risk of problems and complications.

Urine self testing

Before the availability of blood glucose (sugar) testing, urine testing was traditionally used, when people with diabetes needed to check for glucose. It has now, in the main, been superseded by blood glucose self-testing also known as finger pricking.

Blood glucose self-testing is preferred as it gives more in-depth information on day-to-day glucose patterns & control; also most people find it more convenient. However urine testing may still occasionally be used and you may be asked to perform it if:

- Your diabetes is very well controlled through diet management only
- Finger-stick testing is not possible due to health reasons such as poor circulation
- If you are not happy to perform finger pricking

Although recognised as being less accurate and off-putting to perform, urine testing is low cost and less invasive than blood glucose self-testing. If you are asked to urine test you will have to:

1. Take a sample of urine in a clean container
2. Dip a test strip into the urine sample
3. Wait for the result
4. Compare the result with the chart provided to check the glucose level

The level at which glucose may be present in urine varies with each individual, as our kidneys have their own tolerance to glucose; this is known as "The Renal Threshold" so urine glucose tests can be difficult to interpret. Many factors affect the suitability of using urine testing and you should discuss these with your care team. Factors for discussion include:

- Glucose will usually show in your sample only if the level is over 10mmol/l
- It will not show how high your glucose (sugar) level has been
- It will not show if your glucose (sugar) level is too low (below 4mmol/l)
- It cannot detect hypoglycaemia
- Results are affected if kidney disease is present

Remember: 'If you cannot measure it, you cannot improve it.'

Blood glucose monitoring

This is the best method of being in control of your diabetes, as it enables you to see how well your body is responding to your medicine, diet and activities. Your glucose level can be seen the moment you perform the finger-prick test and use your blood glucose meter.

By providing “up to the minute” information on your blood glucose levels you can check that they are within range, or if you are at risk of a hypo (low blood glucose) or hyper (high blood glucose). You can then make immediate or day-to-day adjustments to your diabetes management with confidence.

Self-testing is simple to do and with the right techniques and technology it's virtually pain-free. To self-test you will need a blood glucose meter, test strips and a finger pricker. You simply wash your hands first, prick the side of your fingertip and place the drop of blood to the end of the test strip. Then wait a few seconds for the meter to show you the result.

The more you test, the more you will know about your glucose control, so the test should be performed several times a day, normally before meals. Testing should be more frequent:

- | | |
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| ■ If you are ill | ■ If you think you are going hypo |
| ■ If you are pregnant | ■ Before driving |
| ■ If you are hypo-unaware | ■ If you are changing your treatment plan or medication |
| ■ Before and after exercise | |

If you think that your fingers will get sore, don't worry. Some of the new meter systems available let you take blood samples from other areas on your body, this is called “Alternative Site Testing” (AST).

Please ask your healthcare team about AST, when it is best for you to test and which meter system is best for you.

Remember, record your test results and discuss them with your diabetes care team.

Haemoglobin A_{1c} (HbA_{1c})

In addition to self-testing, you will need regular HbA_{1c} tests. The HbA_{1c} test is different to self-testing as it measures how well your glucose level is being controlled over time, providing a picture to your care team of your long-term glucose control. It is recommended by the National Institute for Clinical Excellence (NICE) that your HbA_{1c} is tested between 2-6 times a year.

HbA_{1c} is formed when glucose (sugar) in your bloodstream attaches to the Haemoglobin in red blood cells. HbA_{1c} stays attached for the life of the red blood cells (about 120 days). HbA_{1c} testing measures the percentage of the percentage of Haemoglobin (Hb) molecules in red blood cells that have glucose attached to them.

As the test is directly proportional to the amount of glucose in your blood over a 3-month period, the higher your average glucose has been in the last 8-10 weeks, the higher the level of HbA_{1c} will be.

- HbA_{1c} is normal if it is 48mmol/mol (6.5%) percent or less
- HbA_{1c} should be under 58mmol/mol (7.5%) and indicates your blood glucose is under control
- HbA_{1c} over 58mmol/mol (7.5%) normally indicates that your blood glucose control is not optimal and amendments to your care plan may be needed

HbA_{1c} testing is usually offered through your diabetes centre or from your doctors surgery. Some pharmacies also offer this service privately or you may decide to use a home test kit which you can find more information at www.glucomenalc.com. In all cases the test is very simple; a small sample of blood is taken and sent to a laboratory for testing. The sample is tested and the result is advised.

HbA_{1c} provides an indication of time-averaged glucose control but does not provide information about day-to-day fluctuations. You can have blood glucose levels varying from 2-12mmols/l and yet have an HbA_{1c} of 53mmol/mol (7%). Therefore, it should be used in conjunction with, rather than instead of blood glucose monitoring.

Continuous glucose monitoring

Sometimes, things just don't go to plan and no matter how hard you try, your glucose levels seem to be all over the place. This can result in:

- A Hypo (low glucose) episode or
- A Hyper (high glucose) episode

These episodes are unpleasant and worrying, especially if you are not aware of your symptoms and thus do not treat them in time. Hypoglycaemia is the most frequent side effect of insulin treatment and it is not uncommon for it to occur at night-time.

If you find, regardless of the amount of self-testing you are doing, that this is happening, your diabetes team may want to discuss continuous glucose monitoring with you.

Continuous glucose monitoring is achieved by using a specially designed monitor. Simply set-up by your diabetes specialist nurse, you will wear it for a few days. It checks your glucose level every second throughout the day and a full report is then downloaded to a computer for analysis.

This system lets your diabetes team see your full glucose pattern and the true picture of your changing glucose levels, meaning fluctuations during the day, and particularly during the night can be detected.

This information is extremely useful to your team, helping them make changes to your treatment plan which will help to improve your overall control and reduce your risk of long-term complications.

In summary:

- You wear it for a few days
- Your glucose levels are measured every second
- Your full glucose picture is seen
- It helps your diabetes team make changes to your treatment plan

For more information please speak to your diabetes care team.



Helpline

For information on diabetes products and services from **GlucoMen**, contact:

UK: 0800 243 667

Republic of Ireland: 1800 709903

Northern Ireland: 0800 7837286

Email: myglucomen@menarinidiag.co.uk

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