

Important diabetes information that you **MUST** read and may need to act on

Hypoglycaemia an abnormally low blood sugars described as a blood sugar level of under 4 mmol/L. For those on insulin therapy and for those on some diabetes tablets (*Gliclazide, Glipizide, Glimepiride and others*), hypoglycaemia (usually called 'hypo's') can occur.

The following symptoms may be noticed: Sweatiness, shakiness, dizziness, hunger, trembling, 'wobbly legs', a feeling of not being able to think clearly.

If your blood sugar is low, treat with rapid acting carbohydrate such as dextrose, glucose or lucozade tablets (4–6) or a sugary drink (100ml) and follow this with longer acting carbohydrate such as sandwich, fruit, cereal bar etc or your next meal if it is due.

Most common causes of hypoglycaemia are increased exercise or activity, decreased food intake or taking too much insulin.

Always be prepared for hypo's and have rapid acting and longer acting carbohydrate (carton of fruit juice, Dextrose or Lucozade tablets etc) with you at all times.

If you have problems with regular or severe hypoglycaemia, contact your GP Practice for an appointment. They may refer you on to see a Consultant at your local Diabetes Centre.

Identification

It is recommended that people with diabetes especially if they are treated by insulin, carry some form of identification (ID) that advises this.

For ID bracelets or necklaces etc you might want to contact:

MedicAlert 020 7833 3034

www.medicalert.co.uk

Medi-Tag 0121 200 1616

www.medi-tag.co.uk

Driving and Hypoglycaemia

If you are on insulin or diabetes tablets such called sulphonylureas (including Gliclazide, Glipizide, Glimepiride) it is vital that you attempt to prevent hypoglycaemia whilst driving and have glucose or dextrose tablets and longer acting carbohydrate with you to allow prompt management, should hypo's occur.

- Always keep an emergency supply of fast-acting carbohydrate within reach in the vehicle.
- Carry your blood glucose meter / strips with you.
- Check blood glucose before driving (even on short journeys) and test regularly (every 2 hours) on long journeys.
- If blood glucose is 5.0mmol/l or less, take a snack before driving.
- Take regular meals, snacks and rest periods on long journeys.
- Avoid alcohol.
- DO NOT DRIVE if feel hypoglycaemic or blood glucose is less than 4.0 mmol/l.

If you feel a hypo while driving

- If hypoglycaemia while driving stop vehicle immediately in a suitable location, switch off the engine.
- Remove the keys from the ignition and vacate the driving seat if safe to do so.
- Do not resume driving until 45 minutes **after** blood glucose has returned to normal (it takes this time for the brain to fully recover).
- If a disabling attack of hypoglycaemia occurs during waking hours the DVLA **MUST** be informed.
- If warning symptoms of hypoglycaemia are lost do **not** drive until advised by diabetes specialist, and if loss of warning symptoms persist then inform the DVLA.

If you have an accident whilst you are hypoglycaemic (hypo), you should get legal advice and inform your diabetes care team.

Driving and Motor Insurance

You must inform your motor insurance company (*we would suggest that this is in writing*) that you have diabetes even if this is controlled by diet alone. Update them should you commence tablet or insulin therapy. Failure to inform them is failure to disclose a material fact and they may refuse to cover you in the event of an accident.

Driving and the DVLA *

By law you must tell us if any of the following apply:

- You need treatment with insulin.
- You need laser treatment to both eyes or in the remaining eye if you have sight in one eye only.
- You have problems with vision in both eyes, or in the remaining eye if you have sight in one eye only. By law, you must be able to read, with glasses or contact lenses if necessary, a car number plate in good light at 20.5 metres (67 feet) or 20 metres (65 feet) where narrower characters (50mm wide) are displayed.
- You develop any problems with the circulation, or sensation in your legs or feet which makes it necessary for you to drive certain types of vehicles only, for example automatic vehicles, or vehicles with a hand operated accelerator or brake. This must be shown on your driving licence.
- You suffer more than one episode of disabling hypoglycaemia (low blood sugar) within 12 months, or if you or your carer feels you are at high risk of developing disabling hypoglycaemia.
- You develop impaired awareness of hypoglycaemia. (Difficulty in recognising the warning symptoms of low blood sugar.)
- You suffer disabling hypoglycaemia while driving.
- An existing medical condition gets worse or you develop any other condition that may affect you driving safely.

* http://www.direct.gov.uk/prod_consum_dg/groups/dg_digitalassets/@dg/@en/@motor/documents/digitalasset/dg_067957.pdf accessed 21/01/2012

DVLA and Restricted (Vocational) Licences

There have been some recent changes to driving legislation for those with Group 2 licences (HGV, PCV) on insulin. Please discuss this with your diabetes health professional or contact:

Diabetes UK CareLine 0845 120 2960 (Monday–Friday, 9am–5pm.) or

The DVLA

For car or motorcycle driving licence holders: 0300 790 6806

For bus, coach or lorry driving licence holders: 0300 790 6807

Planning Pregnancy

For any woman with diabetes, it is extremely important that their pregnancy is planned well in advance to help prevent damage to the unborn child. Use reliable contraception and ask to speak to your GP or Practice Nurse before attempting to conceive.

Those with diabetes who fall pregnant unexpectedly must contact their GP urgently and be referred to the Early Pregnancy Advisory Service at the local hospital.

The basic principles for women with diabetes in order to prevent problems with pregnancy are:

- Achieving tight blood glucose control before and during pregnancy, aiming for a long-term diabetes test (HbA_{1c}) of less than 7.0% (46 mmol/mol)
- Not smoking.
- Undergoing a medication review - as some medications are harmful during pregnancy.
- Taking folic acid 5mg before pregnancy and for the first 3 months (trimester) of pregnancy.
- Being updated on hypo' prevention and management.
- Seeing a Dietitian for specific dietary guidance.

There is very good evidence that pregnancy outcomes in diabetes for both mother and baby are dramatically improved through early planning and effective management.