



# DIJABETE

X'GĦANDEK TKUN TAF



Diabetes: what  
you need to know

ENGLISH/MALTESE



**diabetes**  
nsw & act

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# Foreword

Diabetes –What you need to know has been written for people with diabetes and for people who would like to learn more about the condition.

Health professionals with skills and knowledge in a variety of specialised areas have contributed to the content and presentation.

This book has been reviewed by diabetes educators, dietitians and exercise physiologists.

Diabetes NSW & ACT  
ABN 84 001 363 766 CFN 12458  
26 Arundel Street, Glebe, NSW 2037  
GPO Box 9824, Sydney, NSW 2001

email: [info@diabetesnsw.com.au](mailto:info@diabetesnsw.com.au)  
websites: [www.diabetesnsw.com.au](http://www.diabetesnsw.com.au)  
[www.as1diabetes.com.au](http://www.as1diabetes.com.au)

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# Daħla

Id-Dijabete –X'għandek Tkun Taf għe miktub għal nies bid-dijabete u għal dawk li jixtiequ jittgħallmu aktar dwar din il-kundizzjoni.

Nies professjonali b'ħila u għerf f'medda varjata ta' speċjalizzazzjoni fis-saħħa taw il-kontribut tagħhom fil-kontenut u l-preżentazzjoni ta' dan il-ktieb.

Dan il-ktieb għe rivedut minn by diabetes educators, dietitians and exercise physiologists.

Diabetes NSW & ACT  
ABN 84 001 363 766 CFN 12458  
26 Arundel Street, Glebe, NSW 2037  
GPO Box 9824, Sydney, NSW 2001

email: [info@diabetesnsw.com.au](mailto:info@diabetesnsw.com.au)  
websites: [www.diabetesnsw.com.au](http://www.diabetesnsw.com.au)  
[www.as1diabetes.com.au](http://www.as1diabetes.com.au)

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# Introduction

One in four people in Australia have either diabetes or are at high risk of diabetes. Diabetes prevalence is considerably higher in Aboriginal and Torres Strait Islander and certain culturally and linguistically diverse (CALD) groups.

So far there is no cure for diabetes but with proper management most people can lead a full and active life and delay or prevent long term complications. To ensure best possible health, people with diabetes and their families need to understand a great deal about diabetes.

Being diagnosed with diabetes can be frightening and overwhelming. It's a lot easier when you understand it and develop a lifestyle plan to manage it. For this reason it is very important to have information about food, medicines, exercise, community resources and diabetes self care.

This book has been produced by Diabetes NSW & ACT. It has been written in English and several other languages to explain what you need to know about diabetes.

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# Introduzzjoni

Wieħed minn kull erbgħa nies fl-Awstralja jew isofri bid-dijabete jew qiegħed f'riskju kbir tad-dijabete. Id-dijabete hija komuni ħafna fil-gruppi Aboriginali u ta' Torres Strait Islander u ċerti gruppi diversi li kulturalment u lingwistikament huma parti mill-gruppi ta' (CALD).

Sa issa għad ma hemmx kura għad-dijabete imma b'maniġġjar proprju ħafna nies ikunu jistgħu jgħixu ħajja attiva u sħiħa u jdewmu jew iwaqqfu l-komplikazzjonijiet fit-tul. Biex tiżgura l-aħjar saħħa possibbli, dawk li jsofru bid-dijabete u l-familji tagħhom ikollhom bżonn jifhmu sewwa dwar id-dijabete.

Li tiġi iddijanjonstikat bid-dijabete tista' tkun esperjenza li tbeżżek. Inti tkun tista' sserraħ rasek meta tifhem il-problema u tiżviluppa pjan ta' ħajja biex timmaniġġjha. Għal din ir-raġuni hu importanti li jkollok informazzjoni dwar ikel, mediċini, eżerċizzju, riżorsi tal-komunità u kif tieħu ħsieb tad-dijabete inti stess.

Dan il-ktieb ġie pproduċut mill-Diabetes NSW & ACT. Ġie miktub bl-Ingliż u lingwi oħra biex ifehmek x'għandek tagħmel dwar id-dijabete.

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# 1

## What is diabetes?

Diabetes is a condition where the amount of glucose (sugar) in the blood is too high. Glucose is your body's main energy source but when blood glucose is too high over long periods it can damage certain organs.

Glucose comes from carbohydrate foods that are broken down and released into the bloodstream. Carbohydrate foods include bread, rice, potatoes, fruit and milk. The pancreas, a part of the body that is found behind the stomach, releases a hormone called insulin into the blood stream. Insulin allows the glucose to move from the blood stream into certain cells of the body, where it is changed into energy. We use this energy to walk, talk, think, and carry out many other activities.

Diabetes occurs when there is either no insulin, not enough insulin or the insulin that is produced is not working properly to move the glucose out of the blood. .

Currently there is no cure for diabetes.

### ***Symptoms of high blood glucose (sugar)***

1. Frequent urination (both night and day)
2. Thirst / dry mouth
3. Tiredness / lack of energy
4. Blurred vision
5. Slow healing of wounds
6. Infections e.g. urine and skin
7. Tingling sensation in feet
8. Itchy skin.

# 2

## Types of diabetes

### ***The most common types of diabetes include:***

- Type 1 diabetes
- Type 2 diabetes
- Gestational Diabetes (GDM).



# 1

## X'inhi d-Dijabete?

Dijabete hi kondizzjoni fejn l-ammont ta' glukosju (zokkor) fid-demm ikun għoli ħafna . Il-glukosju hu l-ikbar sorsi ta' enerġija li għandu bżonn il-gisem imma meta l-glukosju fid-demm ikun għoli ħafna għal perjodi twal jista' jħassar ċerti organi.

Il-glukosju jiġi mill-ikel li fih il-karboidrat li meta jtkisser jinferex fid-demm. L-ikel karboidrat jinludi l-ħobż, ross, patata, frott u ħalib.

Il-pankreas (jew frixa), parti mill-gisem li tinstab wara 'l istonku, tferrex l-ormon li nsejnhulu insulina fid-demm. L-insulina tippermetti l-glukosju li jimxi mid-demm għal ċerti ċelloli fil-gisem, minfejn jinbidel f'enerġija. Aħna nużaw din l-enerġija biex nimxu, nitkellmu, naħsbu, u nagħmlu attivitajiet oħra.

Id-dijabete tigri meta jew ma jkunx hemm insulina, m'hemmx insulina biżżejjed jew l-insulina pproduċuta mhix taħdem tajjeb biex tmexxi l-glukosju 'l barra mid-demm.

Fil-mument għad ma hemmx kura għad-dijabete.

### ***Sintomi ta' glukosju (zokkor) għoli fid-demm***

1. Tballal l-awrina sikwit (kemm bi nhar u kemm bil-lejl)
2. Għatx / ħalq niexef
3. Għajja / nuqqas ta' enerġija
4. Viżjoni m'cajpra
5. Ġrieħi li jdumu ma jfieuqu
6. Infezzjonijiet, eżempju fl-awrina u l-gilda
7. Tnemnim fir-riglejn
8. Ħakk fil-gilda.

# 2

## Tipi ta' Dijabete

### ***It-tipi l-aktar komuni tad-dijabete jinkludu:***

- Dijabete Tip 1
- Dijabete Tip 2
- Dijabete tat-Tqala (GDM).

## Type 1 diabetes

This type of diabetes usually occurs in children and young people, but it can occur at any age. In type 1 diabetes the body's immune (defence) system has destroyed the cells that make insulin. As a result no insulin is produced by the pancreas. The development of type 1 diabetes is NOT linked to lifestyle e.g. eating too much sugar, not exercising enough or being overweight.

Symptoms of type 1 diabetes usually happen very quickly and include:

- Feeling very thirsty
- Passing a lot of urine frequently
- Sudden weight loss (despite normal or increased appetite)
- Tiredness
- Generally feeling unwell
- Abdominal pain, nausea and vomiting
- Mood changes.



If undetected, blood glucose levels become very high. When the body cannot get enough glucose from the blood to use as energy it will begin to breakdown fat. When the body is breaking down too much fat, ketones are produced. High ketone levels and high blood glucose levels are very serious and need immediate medical treatment.

If untreated, the person will become very ill and may develop:

- Rapid or deep breathing
- Dehydration and vomiting, leading to
- Coma.

The treatment for type 1 diabetes is insulin which must be commenced immediately and must be taken for life. The management of type 1 diabetes also includes:

- Balancing exercise, food and insulin
- Regular blood glucose monitoring
- Healthy lifestyle.

## Tip 1

Dan it-tip ta' dijabete normalment jinstab fit-tfal u żgħażaġħ, imma tista' taqbad f' kwalunkwe età.

Fid-dijabete tip 1 id-difiża tal-immunizzazzjoni tal-ġisem qerdet iċ-ċelloli li joħolqu l-insulina. Bħala riżultat l-ebda insulina ma tista' tiġi pproduċuta mill-pankreas.

L-iżvilupp tad-dijabete tat-tip 1 MHIX konnettjata mal-istil ta' ħajja bħal pereżempju tiekol iżżejjed zokkor, ma teżercitax wisq jew tizen u oħxon ħafna.

Sintomi tad-dijabete tip1 normalment jaqbd u jinkludu:

- Thoss għatx kbir
- Tgħaddi ħafna awrina sikwit
- Telf ta' piż (minkejja, jew żieda, fl-aptit normali)
- Għajja
- Ġeneralment thossok ma tiflaħx
- Uġiġħ ta' żaqq, sturdament u remettar
- Tibdil fil-buri.



Jekk ma tindunax, il-livell tal-glukosju fid-demem jitle' ħafna. Meta l-ġisem ma jirċivix biżżejjed glukosju mid-demem biex jużaħ bħala enerġija jibda jkisser l-aċidi organiki. Meta l-ġisem ikisser ħafna minn dawn, jibdew jiġu iproduċuti l-ketoni. Livelli għoljin ta' ketoni u glukosju fid-demem huma serjissmi u jkunu jridu kura medika ta' malajr.

Jekk ma tiġix ikkurata, il-persuna timrad malajr u tiżviluppa:

- Nifs sikwit u qawwi
- Telf tal-ilma mill-ġisem u remettar, li jwasslu għal
- Koma.

Il-kura għad-dijabete tip 1 hi l-insulina li għandha tibda immedjetament u trid tkompli tiġi meħuda tul il-ħajja kollha. L-immaniġġjar tad-dijabete tip 1 jinkludi ukoll:

- Bilanċjar ta' eżercizzju, ikel u insulina
- Testjar regolari tal-glukosju fid-demem
- Stil ta' ħajja ideali fis-saħħa.

## Type 2 diabetes

This type of diabetes is usually diagnosed in people over 40 years of age. However it is now being diagnosed in younger people, including children. Poor lifestyle choices are a major reason for this increase in young people .

Inactivity and poor food choices can result in weight gain, especially around the waist. This prevents the body from being able to use insulin properly (insulin resistance) so blood glucose levels rise. Type 2 diabetes has a slow onset.

Type 2 diabetes runs in families so children and grandchildren are at risk. The good news is that type 2 diabetes can be delayed or prevented when healthy lifestyle choices that focus on increasing physical activity, healthy food choices and weight loss are made. For this reason it is important to know your risk for type 2 diabetes.

Symptoms of type 2 diabetes may include frequent urination, thirst, blurred vision, skin infections, slow healing, tingling and numbness in the feet. Often, there are no symptoms present, or symptoms are not recognised.

Once diagnosed, it is very important to maintain good blood glucose (sugar) levels as soon as possible to avoid complications.

Management should begin with healthy food choices and regular physical activity. However, diabetes is a progressive disease and over time, oral medications and/or insulin may be needed.

## Tip 2

Din it-tip ta' dijabete tinstab f'dawk in-nies li jkunu għalqu l-40 sena. Għaldaqstant daż-żmien qed anki tiġi misjuba fiż-żgħażaġh, inkludi t-tfal. Stil ta' ħajja fqira hi r-raġuni għal din iż-żieda fiż-żgħar.

Inattività u ikel mhux addattat jistgħu jirriżultaw fi ħxuna speċjalment madwar iż-żaqq. Dan jimpedixxi l-ġisem milli jkun jista' juża l-insulina tajjeb (reżistenza għall-insulina) għalhekk ilglukosju fid-demem jitlea'. Dijabete tat-tip 2 iddum ma taqbad.

Id-dijabete tat-tip 2 tiġri fil-familji għalhekk it-tfal u t-tfal tat-tfal huma fir-riskju li taqbadhom. Imma tajjeb li tkun taf li d-dijabete tat-tip 2 tista' tittardja milli taqbad jew anki mwaqqfa meta jintagħżel stil ta' ħajja li tiffoka aktar fuq l-attività fiżika u ikel li jnaqqas l-ħxuna żejda. Għal din ir-raġuni tajjeb li tkun taf ir-riskju tiegħek għad-dijabete tat-tip 2.

Is-sintomi tad-dijabete tat-tip 2 jistgħu jinkludu tbattil ta' awrina ta' sikwit, għatx, viżjoni mċajpra, infezzjoni fil-ġisem, ġrieħi li jdumu ma jfieuqu, tnefnim u tirziħ fis-saqajn. Hafna drabi ma jkunx hemm sintomi, jew dawn ma jintarfux.

Meta dawn isiru magħrufa, ikun iktar importanti li żżomm livelli tajba tal-glukosju (zokkor) fiddemm mill-aktar fis biex jiġu evitati l-komplikazzjonijiet.

L-immaniġġjar għandu jibda b'għażla tajba tal-ikel u attività fiżika regolari. Għaldaqstant, iddijabete hi marda progressiva u wara ċertu żmien ikun hemm bżonn ta' medicina orali u/ jew anki insulina.

## Type 2 Management Plan

- Be physically active (e.g. walking) – aim for 30 minutes of moderate physical activity every day of the week. Check with your doctor first
- Adopt a healthy eating plan
- Lose weight or maintain a healthy weight
- Reduce salt intake
- Drink plenty of water
- See your diabetes health care team for regular health checks –, blood glucose levels, blood pressure, cholesterol, kidneys and nerve function, eyes and dental health
- Take care of your feet - check daily
- Stop smoking
- Regular dental care to avoid teeth and gum problems.

Encourage your family to adopt a healthy lifestyle



### Smoking and diabetes

Tobacco has many unhealthy effects, especially for people with diabetes. People with diabetes who smoke are three times more likely to die of heart disease or stroke than people with diabetes who do not smoke.

Smoking raises blood glucose levels, reduces the amount of oxygen reaching the body's tissues, increases fat levels in the blood, damages and constricts blood vessels and increases blood pressure. All of these contribute to the risk of heart attack and stroke. Smoking can also worsen blood supply to feet.

For those who quit smoking, more frequent monitoring of blood glucose levels is important. This is because blood glucose levels may get lower when they quit smoking and can require changes to medication doses.

It is advisable that people with diabetes discuss with their doctor, the products and services available to help them quit smoking.

## Pjan ta' Maniġġjar tat-Tip 2

- Ibda attività fiżika (pereżempju mixi) – immira għal 30 minuta ta' attività fiżika moderata kuljum. Iċċekkja mat-tabib tiegħek qabel
- Ibda pjan ta' ikel tajjeb
- Naqqas mill-ħxuna jew żomm piż raġonevoli
- Naqqas mill-melħ meta tiekol
- Ixrob ħafna ilma
- Ara t-tim tal-kura tad-dijabete tiegħek biex jiċċekkjawlek regolarment – il-livelli tal-glukosju fid-demm, il-persjoni tad-demm, kolesterol, il-funzjonijiet tan-nervituri u kliewi, is-saħħa tal-għajnejn u s-snien
- Hu kura ta' saqajk – iċċekkjhom kuljum
- Waqqaf it-tipjip
- Hu kura regolari ta' snienek biex tevita l-problemi tas-snien u l-ħniek.

Inkoragġixxi l-familja tiegħek biex taddotta stil ta' ħajja ta' saħħa.



### Id-dijabete u t-tipjip

It-tabakk għandu ħafna effetti ħziena, speċjalment għal dawk li għandhom id-dijabete. Nies li għandhom id-dijabete u jpejpu għandhom ċans li jmutu tliet darbiet aktar minn mard tal-qalb jew puplesija minn dawk li jsofru bid-dijabete u ma jpejpu.

It-tipjip jgħolli l-livelli tal-glukosju fid-demm, inaqqas l-ammont ta' ossiġnu milli jasal fit-tessuti tal-ġisem, jgħolli l-livelli ta' ħxuna fid-demm, iħassar u jdejjaq il-kanali tad-demm u jkabbar il-persjoni fid-demm. Dawn kollha jikkontribwixxu fir-riskju ta' attakk tal-qalb u puplesija. It-tipjip jista' jnaqqas il-provvista tad-demm lejn is-saqajn.

Għal dawk li jieqfu mit-tipjip hu importanti li jżommu rikordju tal-livell tal-glukosju fid-demm. Dan għaliex il-livell tal-glukosju fid-demm jista' jinżel meta dawn jieqfu mit-tipjip u jkun hemm bżonn ta' tibdil fid-doża tal-medicina.

Hu tajjeb li dawk bid-dijabete jiddiskutu mat-tabib tagħhom, il-prodotti u servizzi disponibbli għalihom biex jgħinuhom iwaqqfu t-tipjip.

## Gestational Diabetes

This type of diabetes occurs during pregnancy and usually goes away after the baby is born.

In pregnancy, the placenta produces hormones that help the baby to grow and develop. These hormones also block the action of the mother's insulin. As a result, the need for insulin in pregnancy is two to three times higher than normal. If the body is unable to produce enough insulin to meet this extra demand, gestational diabetes develops.

Screening for gestational diabetes occurs around the 24th to 28th week of pregnancy. Gestational diabetes may re-occur at the next pregnancy.

Blood glucose (sugar) levels that remain above target range may result in bigger babies, which can make birth more difficult. It can also increase the risk to the baby of developing diabetes in later life.



### **What do you need to do if you have been diagnosed with gestational diabetes?**

It is necessary to see a diabetes educator, dietitian, endocrinologist and obstetrician. The management includes healthy eating for the mother, moderate exercise plus regular monitoring of blood glucose levels.

It is a good idea to have small frequent meals throughout the day that are nutritious for you and your baby, rather than three big meals. This will ease the insulin demand on the pancreas.

Those most at risk for developing gestational diabetes are:

- Women over 30 years of age
- Women with a family history of type 2 diabetes
- Women who are overweight
- Aboriginal or Torres Strait Islander women
- Certain ethnic groups, in particular Pacific Islanders, people from the Indian subcontinent and people of Asian origin
- Women who have had gestational diabetes during previous pregnancies.

Women who have had gestational diabetes are at increased risk of developing type 2 diabetes. It is strongly recommended to have a follow up Oral Glucose Tolerance Test 6-8 weeks after the baby is born, then every 1-2 years.



## Dijabete tat-Tqala

Din it-tip ta' dijabete taqbad waqt it-tqala u normalment tispicča wara li t-tarbija titwieled.

Fit-tqala, il-plaċenta tipproduċi ormoni li jgħinu t-tarbija tikber u tiżviluppa. Dawn l-ormoni jimblukkaw ukoll il-ħidma tal-insulina tal-omm. Bħala riżultat, il-bżonn tal-insulina waqt it-tqala hija minn tnejn sa tliet darbiet ogħla min-normal. Jekk il-ġisem ma jkunx jista' jipproduċi biżżejjed insulina biex tlaħħaq mad-domanda aktar meħtieġa, tiżviluppa d-dijabete tat-tqala.

L-eżami tad-dijabete tat-tqala isir madwar l-24 u t-28 ġimgħa tat-tqala. Id-dijabete tat-tqala tista' terġa taqbad meta mara terġa tinqabad tqala.

Il-livelli tal-glukosju (zokkor) fid-demmm li jibqgħu ogħla mill-medja mmirata jistgħu jirriżultaw fi trabi kbar u li jista' jsarraf fi twelid aktar diffiċli. Dan jista' wkoll ikabbar ir-riskju li t-tarbija tiżviluppa d-dijabete aktar tard fil-ħajja.



### **X'għandek tagħmel jekk inti ġejt iddijanostikata bid-dijabete tat-tqala?**

Hu neċessarju li tara edukattur tad-dijabete, espert tad-dieta, endokrinologu u ostettriku. Il-maniġġjar jinkludi f'ikel tajjeb għall-mara, eżerċizzju moderat u ttestjar regolari tal-livelli tal-glukosju fid-demmm.

Hija idea tajba li tiekol tliet ikliet żgħar sikwit li huma ta' nutrizzjoni kemm għalik u kemm għat-tarbija, minflok tliet ikliet kbar. Dan inaqqas id-domanda tal-insulina fuq il-pankreas.

Dawk li huma f'riskju li jiżviluppaw id-dijabete tat-tqala huma:

- Nisa 'l fuq minn 30 sena
- Nisa bi storja fil-familja tad-dijabete tat-tip 2
- Nisa li huma ħoxnin iżżejjed
- Nisa li huma ta' nisel Aboriginali jew mill-Gzejjer tal-Istrett ta' Torres
- Ċerti gruppi etniċi, b'mod partikulari li ġew mill-Gzejjer tal-Paċifiku, nies mis-sub-kontinent Indjan u nies ta' nisel Asjatiku
- Nisa li qabdithom id-dijabete tat-tqala fit-tqaliet ta' qabel.

Nisa li qabdithom id-dijabete tat-tqala huma f'riskju li jiżviluppaw id-dijabete tat-tip 2. Hu rrakkomandat ħafna li tieħu l-Oral Glucose Tolerance Test minn 6-8 ġimgħat wara li titwieled it-tarbija, imbagħad kull sena jew sentejn.

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# 3

## Risk Factors

Risk factors for developing type 2 diabetes include:

- Family history of diabetes
- Overweight and over 45 years of age
- Heart disease, heart attack or stroke
- High blood pressure and over 45 years of age
- Anyone over 55 years of age
- High blood cholesterol
- High blood glucose levels during pregnancy (gestational diabetes)
- Higher than normal blood glucose levels
- Aboriginal, Torres Strait Islander, Pacific Islanders, Indian sub-continent or Chinese cultural background
- Women with Polycystic Ovarian Syndrome.

The Australian Diabetes Risk Assessment Tool (AUSDRISK) should be used to identify your risk of developing type 2 diabetes. You can get this risk assessment tool from your doctor or from [www.health.gov.au](http://www.health.gov.au). Discuss your results with your doctor.

***Children and adolescents who are overweight, experiencing increased thirst, urinary frequency, tiredness and/or who may have a family history of diabetes should also be tested for diabetes.***

One of the main risk factors for developing diabetes is a family (hereditary) link. This means that if a person has diabetes, there is an increased risk that other members of their family (e.g. brother, sister, children, grandchildren) will develop diabetes.

Your family needs to be aware of the importance of a healthy lifestyle to delay or prevent type 2 diabetes. Regular physical activity and healthy food choices will help reduce the risk of developing type 2 diabetes.

### **PREVENTION - THE TIME TO ACT IS NOW**

People at high risk of type 2 diabetes should be tested by their doctor every year to check for the possible onset of diabetes.

# 3

## Fatturi tar-Riskju

Fatturi tar-riskju kif tiżviluppa d-dijabete tat-tip 2 jinkludu:

- Storja ta' dijabete fil-familja
- Għandek ħxuna żejda u 'l fuq minn 45 sena
- Mard tal-qalb, attakk tal-qalb u puplesija
- Pressjoni tad-demem għoli u 'l fuq minn 45 sena
- Min hu 'l fuq minn 55 sena
- Kolesterol fid-demem għoli
- Livelli għolja tal-glukosju fid-demem (dijabete tat-tqala)
- Livelli tal-glukosju fid-demem ogħla minn normal
- Dawk ta' razza u kultura Aboriginali, mill-Gżira ta' Torres, mill-Gzejjer tal-Paċifiku, sub-kontinent Indjan u Ċiniza
- Nisa li għandhom Polycystic Ovarian Syndrome.

L-Australian Diabetes Risk Assessment Tool (AUSDRISK) għandha tiġi użata biex tidentifika r-riskju tiegħek li tiżviluppa id-dijabete tat-tip 2. Inti tkun tista' oġġib din il-biċċa għodda mingħand it-tabib tiegħek jew minn [www.health.gov.au](http://www.health.gov.au). Iddiskuti r-riżultati mat-tabib tiegħek.

***Tfal u zghazagh hoxnin iżzejjed, li jaqbadhom ħafna għatx, jgħaddu l-awrina sikwit, iħossuhom għajjenin u/jew li jistgħu ikollhom storja ta' dijabete fil-familja għandhom jiġu eżaminati għad-dijabete.***

Wieħed mill-fatturi prinċipali kif tiżviluppa d-dijabete hija l-konnessjoni tal-familja (ereditarja). Dan ifisser li jekk bniedem għandu d-dijabete, hemm riskju kbir li membri oħra tal-familja (pereżempju aħwa, tfal, tfal tat-tfal) jiżviluppaw id-dijabete.

Il-familja tiegħek ikollha bżonn tkun taf l-importanza ta' stil ta' ħajja tajba biex iddewwem jew tevita d-dijabete tat-tip 2. Attività fizika regolari u għażla tajba ta' ikel li jsaħħaħ jgħinu biex jitnaqqas ir-riskju li tiżviluppa d-dijabete tat-tip 2.

### PREVENZJONI – ISSA HU Ż-ŻMIEN LI TAĠIXXI

Nies li huma fir-riskju kbir li jiżviluppaw id-dijabete tat-tip 2 għandhom jiġu ttestjati kull sena biex jaraw jekk possibilmint qabditx id-dijabete.

# 4

## The Diabetes Health Care Team

Diabetes is a lifelong condition. Your health care team is available to support, advise and answer your questions.

The most important member of this team is you!

You are the one who will be at the centre of your diabetes management. Your family, friends and co-workers might also be part of your team.

The Diabetes Health Care Team includes:

- **Your family doctor** who looks after your diabetes and refers you to other health professionals as needed. Your family doctor is responsible for organising your diabetes tests.
- **An Endocrinologist** is a specialist in diabetes. Many people with type 1 diabetes see an endocrinologist. People with type 2 diabetes may see an endocrinologist if they are having



problems with their diabetes management or when insulin therapy is needed.

- **A Diabetes Educator** is usually a registered nurse who has done special training in diabetes. Educators can assist with teaching you about diabetes in many of the important areas such as blood glucose monitoring, medications, insulin, sick days, travel and stress.

- **A Dietitian** can answer questions about healthy eating for you and your family.

- **An Exercise Physiologist** can help to develop a physical activity plan suitable for you - regardless of age, ability or disability.

- **An Optometrist** will do a diabetes eye check and a vision check. Some people with diabetes need to see an Ophthalmologist, a doctor with special training in diseases and problems with the eye.

- **A Podiatrist** is a health professional who deals with the feet. Many podiatrists have advanced training in caring for the 'diabetic foot'.
- **A Dentist** will check your teeth and gums.

Sometimes people with diabetes have trouble coping with the day to day burden of their disease. **Social workers** and **psychologists** can help in this area. Your family doctor or diabetes educator can often refer you to these services.

Other specialists are sometimes needed. Children and adolescents with diabetes should see a **paediatric endocrinologist** or a **paediatrician**.

Women with diabetes who are planning a pregnancy, who are pregnant or women who develop gestational diabetes should see an **obstetrician** and endocrinologist. If complications of diabetes are present, referral to other health professionals may be required.

**Pharmacists** are also very important in your diabetes management. They have special knowledge of how medicines work and which medications may interact with each other.

Ask your doctor or diabetes health care team about any structured **diabetes education** classes/programs in your area. Diabetes education programs, either individual or as part of a group, will help you set some healthy lifestyle goals and assist you with managing your diabetes.

# 4

## It-Tim tal-Kura tad-Dijabete

Id-dijabete hija kondizzjoni għal għomrok. It-tim tal-kura qiegħed hemm għalik biex jissapportjak, javżak u jwieġeb il-mistoqsijiet tiegħek.

L-iktar membru importanti ta' dan it-tim hu int!

Int hu l-wieħed li se tkun fiċ-ċentru tal-immaniġġjar tad-dijabete tiegħek. Il-familja tiegħek, ħbieb u sħabek li taħdem magħhom jistgħu ikunu parti mit-tim tiegħek.

It-Tim tal-Kura tad-Dijabete jinkludi:

- **It-tabib tal-familja tiegħek** li jgħinek fil-kura tad-dijabete u jirreferik għal iktar nies professjonali tas-saħħa kemm ikun hemm bżonn. It-tabib tal-familja tiegħek hu responsabbli biex jorganizza l-eżamijiet tad-dijabete.
- **L-Endokrinologu** hu speċjalista tad-dijabete. Hafna nies bid-dijabete tat-tip 1 jaraw



endokrinologu. Nies li għandhom id-dijabete tat-tip 2 jistgħu jaraw endokrinologu jekk isibu problema fl-immaniġġjar tad-dijabete jew meta tibda t-terapija tal-insulina.

- **L-Edukatur tad-Dijabete** normalment tkun ners registrata li tkun ħadet taħriġ speċjali fid-dijabete. Edukaturi jkunu jistgħu jgħinuk billi jagħallmuk fuq id-dijabete fl-aktar partijiet importanti kif tittestja l-glukosju fid-dem, medikazzjoni, insulina, granet ta' mard, vjaġġar u tensjoni.
- **Speċjalista tad-Dieta** tkun tista' twieġeb mistoqsijiet dwar ikel bnin għalik u l-familja tiegħek.
- **Fizjologu tal-Eżerċizzju** jista' jgħin biex jiġi żviluppat pjan ta' attività fizika li jkun jaqbel miegħek – minkejja l-età, abbiltà jew diżabbiltà.
- **L-Ottometrista** jagħmel eżami tal-għajnejn u tal-viżjoni. Xi nies bid-dijabete jkollhom bżonn jaraw

Oftalmologu, tabib b'taħriġ speċjali f'mard u problemi tal-għajn.

- **Il-Kiropodist** hu professjonali fil-qasam tas-saħħa fejn jidhlu s-saqajn. Hafna kiropodisti huma mħarrġin sewwa fil-kura tas-sieq diabetika.
- **Id-Dentist** jeżaminalek snienek u l-ħniek tiegħek.

Xi kultant nies bid-dijabete isibuha bi tqila jieħdu ħsieb il-problemi tal-marda minn ġurnata għall-oħra. **Haddiema soċjali** u **psikologi** jistgħu jgħinu f'dan. It-tabib tal-familja tiegħek jew l-edukatur tad-dijabete jistgħu jirreferuk għal dawn is-servizzi.

Xi kultant ikun hemm bżonn ta' speċjalisti oħrajn. Tfal u zgħażaġħ bid-dijabete għandhom jaraw **endokrologu pedjatriku** jew **pedjatriku**.

Nisa bid-dijabete li qed jippjanaw li jkollhom tarbija, li huma tqal jew nisa li jiżviluppaw dijabete tat-tqala għandhom jaraw **ostettriku** u endokrinologu. Jekk hemm komplikazzjonijiet tad-dijabete, jista' jkun hemm bżonn li tiġi rreferut għal professjonisti oħrajn.

**L-Ispiżjara** huma importanti fl-immaniġġjar tad-dijabete. Huma għandhom tagħrif speċjali ta' kif il-mediċini jaħdmu u liema mediċini jistgħu jithalltu jew le.

Saqsi t-tabib tiegħek jew haddiem tal-kura dwar klassijiet/programmi tal- **edukazzjoni tad-dijabete** fin-naħiet tiegħek. Programmi tal-edukazzjoni tad-dijabete, kemm individwali jew fi grupp, jgħinuk tibda mira ta' stil ta' ħajja fis-saħħa u jgħinuk kif timmaniġġja d-dijabete.

# 5

## Annual Cycle of Care

### What regular health checks are recommended?

Regular health checks help to reduce your risk of developing diabetes complications.



### The recommended health checks are:

What needs to be checked?	How often?	Who do you need to see?
Blood pressure	Every visit to your doctor	Your family doctor
Weight, height and waist circumference Body Mass Index (BMI): if required – this helps determine if you have a problem with your weight	Every six months/ more often if required	Your family doctor
<u>Feet</u>	Daily self check and Six monthly health professional checkups	Podiatrist or family doctor
<u>Kidneys</u> : a blood and urine test, to make sure your kidneys are working well	Once a year/ more often if required	Your family doctor
HbA1c: this blood test shows your average blood glucose level over the past 2 - 3 months	At least six monthly or more often if not on target	Your family doctor
Lipids: blood fats	Once a year/ more often if required	Family doctor
<u>Eyes</u>	At diagnosis and at least every two years/ more often if required	Optometrist / Ophthalmologist
<u>Healthy eating plan</u>	Once a year	Dietitian
<u>Physical activity</u>	Once a year	Your family doctor / exercise physiologist
Medication	Once a year/ more often if required	Your family doctor
Review self care education	Once a year	Diabetes educator
Review smoking status	Once a year	Your family doctor

**Your family doctor, with the help of your health care team, should develop a care plan to manage your diabetes. This will allow you to access additional Medicare services for people with chronic conditions.**

# 5

## Ċiklu Annwali ta' Kura

### Liema eżamijiet regolari tas-saħħa huma irakkomandati?

Eżamijiet regolari tas-saħħa jgħinu biex jitnaqqaslek ir-riskju li tiżviluppa komplikazzjonijiet tad-dijabete.



### L-eżamijiet tas-saħħa irakkomandati huma:

X'hemm bżonn ta' eżami?	Kull meta?	Lil min trid tara?
Pressjoni tad-demmm	Kull vista lit-tabib tiegħek	It-tabib tal-familja tiegħek
Piż, tul u ċ-ċirkonferenza ta' zaqqek Body Mass Index (BMI): jekk hemm bżonn – dan jiddetermina jekk għandekx problema bil-piż tiegħek	Kull sitt xhur / iktar sikwit jekk ikun hemm bżonn	It-tabib tal-familja tiegħek
<u>Saqajn</u>	Eżami minnek kuljum u eżami kull sitt xhur għand wieħed apposta	Kiropodist jew it-tabib tiegħek
<u>Kliewi</u> : test ta' d-demmm u l-awrina, biex tiżgura li l-kliewi qed jaħdmu tajjeb	Darba fis-sena / iktar jekk ikun hemm bżonn	It-tabib tal-familja tiegħek
HbA1c: dan it-test tad-demmm juri il-livell tal-glukosju fid-demmm fuq medda ta' 2 - 3 xhur	Mill-inqas kull sitt xhur jekk mhux aktar sikwit jekk ma tilhaqx il-mira mixtieqa	It-tabib tal-familja tiegħek
Lipidi: xaħam fid-demmm	Darba fis-sena / iktar jekk ikun hemm bżonn	It-tabib tal-familja tiegħek
<u>Għajnejn</u>	Meta tiġi ddiġanjostikat u kull sentejn / iktar jekk ikun hemm bżonn	Optometrista / Oftalmologu
<u>Pjan ta' ikel bnin</u>	Darba fis-sena	Speċjalista tad-Dieta
<u>Attività fiżika</u>	Darba fis-sena	It-tabib tal-familja tiegħek / Fiżjologi tal-Eżerċizzji
Medikazzjoni	Darba fis-sena / iktar jekk ikun hemm bżonn	It-tabib tal-familja tiegħek
Rivista tal-edukazzjoni tal-kura tiegħek innifsek	Darba fis-sena	Edukatur tad-dijabete
Rivista tal-istat tat-tipjip	Darba fis-sena	It-tabib tal-familja tiegħek

**It-tabib tal-familja tiegħek, bl-għajjuna tat-tim tal-kura tas-saħħa tiegħek, għandu jiżviluppa pjan ta' kura biex tkun tista' timmaniġġja d-dijabete. Dan jista' jsiblek aktar għajjuna ta' servizzi tal-Medicare għal nies b'kondizzjonijiet kroniċi.**

# 6

## Healthy eating for diabetes

Eating does more than just provide food and building materials for the body. Eating is a pleasurable and social experience.

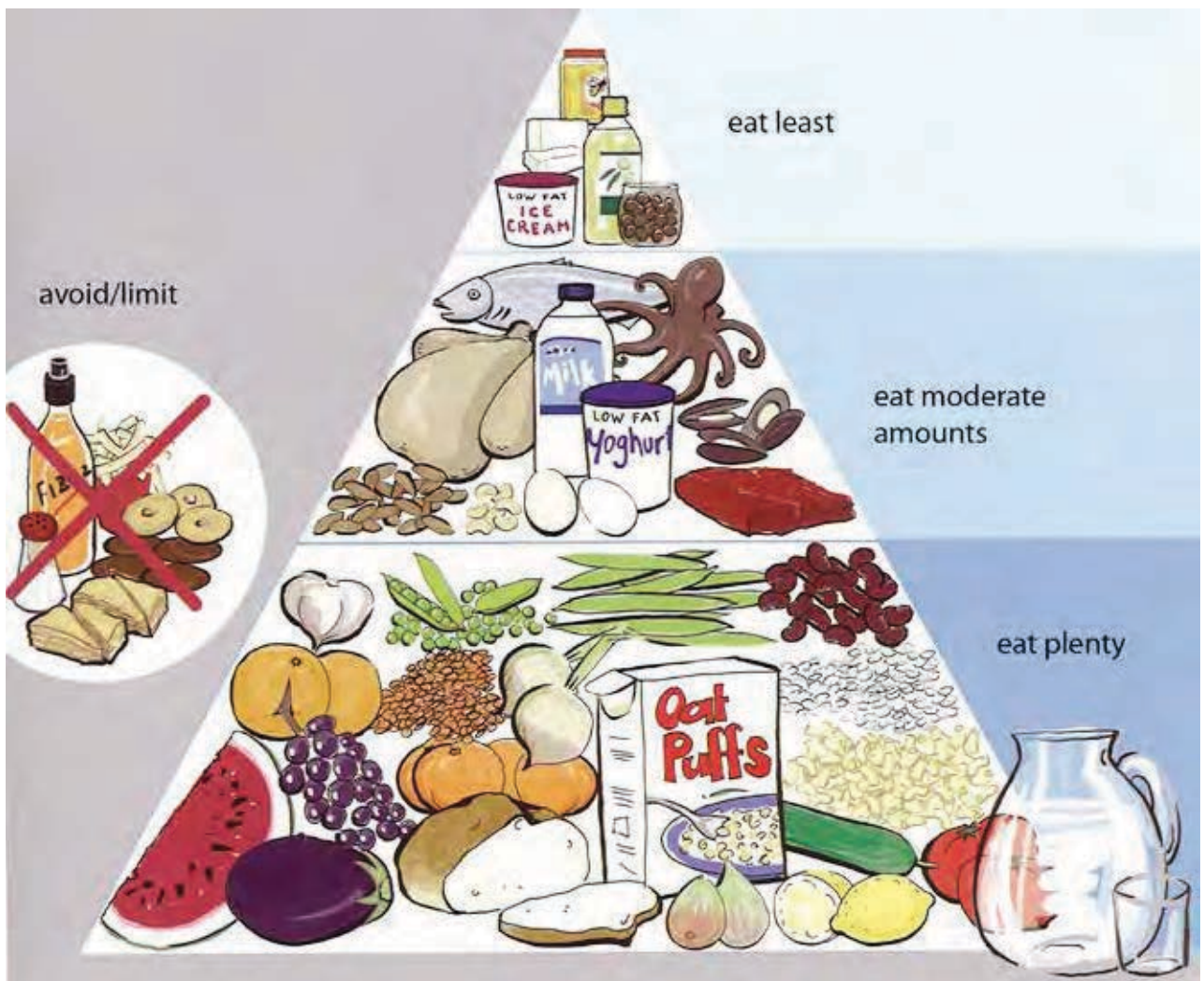
Diabetes should not stop you from enjoying food and eating with friends and family. You can still enjoy special occasions such as family, social, school and religious festivals. Tell your dietitian, diabetes educator and doctor what you eat and when. Your food and diabetes medications can be adapted to suit your lifestyle and normal family routine. However you may need to make changes to your eating habits to keep your diabetes under control and stay healthy.

### Why is healthy eating important?

A healthy diet is one of the most important parts of diabetes management.

Eating well can help to manage your blood glucose (sugar) levels, cholesterol and blood pressure. Eating well can also help you to maintain a healthy body weight. Being overweight makes it harder to manage your diabetes. It is therefore important to have a healthy diet to help you lose excess weight and improve your diabetes management.

It is important that any dietary advice is tailored to your needs. That is where your dietitian can help.





# 6

## Ikel Sustanzjuż għad-Dijabete

L-ikel għandu rwol importanti oħra apparti milli jipprovdi sustanza u materjali biex jinbena l-ġisem. L-ikel hu esperjenza pjaċevoli u soċjali.

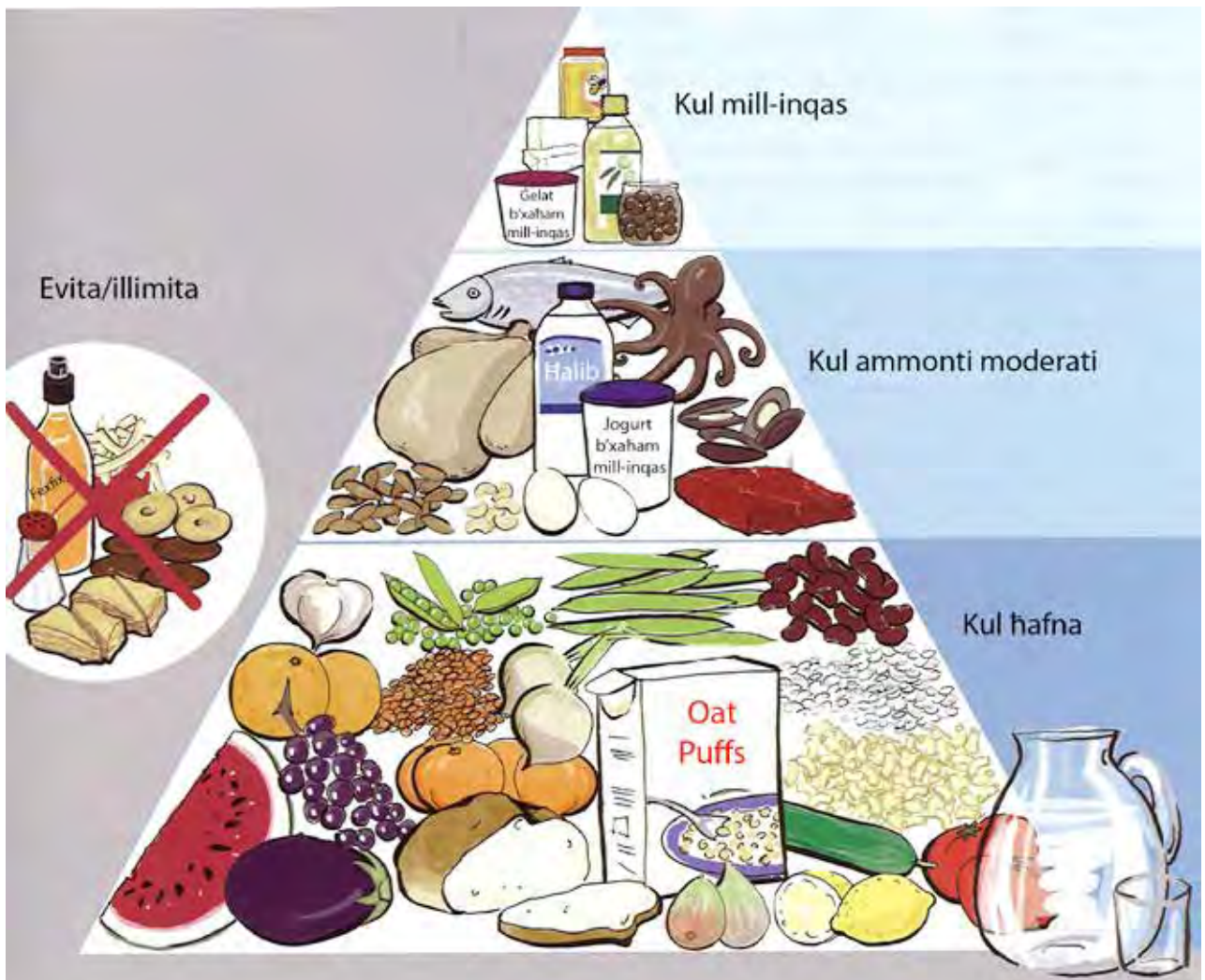
Id-Dijabete ma għandiex twaqqfek milli tgawdi l-ikel u taqşam ħin ma' ħbieb u l-familja. Inti tista' tkompli tgawdi okkażjonijiet speċjali b'hal mal-familja u festi soċjali, tal-iskola u reliġjużi. Għid lill-ispeċjalist tad-dieta, edukatur tad-dijabete u t-tabib x'tiekol u meta. L-ikel tajjeb u l-mediċina li tiegħu jistgħu jigu addattati biex ikunu jaqblu mal-istil tal-ħajja u r-rutini normali tal-familja. Għaldaqstant inti jkollok bżonn tagħmel xi tibdil fid-drawwiet tal-ikel tiegħek biex iżzomm id-dijabete tiegħek ikkontrollata u tibqa f'saħħtek.

### Għaliex l-ikel bnin hu importanti?

Dieta tajba hija waħda mill-aktar partijiet importanti fl-immaniġġjar tad-dijabete.

Li tiekol tajjeb jgħinek timmaniġġja l-livelli tal-glukosju (zokkor) fid-demem, tal-kolesterol u tal-pressjoni fid-demem. L-ikel bnin ikun jista' jgħinek iżzomm piż tajjeb tal-ġisem. Jekk tkun oħxon iżżejjed ikun aktar diffiċli biex timmaniġġja d-dijabete tiegħek. Għalhekk hu importanti li iżzomm dieta tajba biex tgħinek tiflew il-piż u ttejjeb l-immaniġġjar tad-dijabete tiegħek.

Hu importanti li kull parir tad-dieta jkun imfassal għall-bżonnijiet tiegħek. Hawn hu fejn l-ispeċjalist tad-dieta jkun jista' jgħin.



### **What is healthy eating for diabetes?**

Healthy eating for diabetes is the same as healthy eating for everyone. A healthy eating pattern encourages:

- High fibre cereals including wholegrain breakfast cereals, wholemeal or grainy breads, wholemeal pasta and brown rice.
- Two serves of fruit and five or more serves of vegetables every day. Include legumes such as baked beans, white beans, kidney beans, lentils, chickpeas and split peas.
- One to two serves of lean meat, fish, skinless poultry or alternatives each day. Alternatives include legumes, eggs, nuts and seeds.
- Dairy foods (e.g. milk, cheese and yoghurt) that are low fat or skim for everyone over the age of two.
- Limit saturated fat (e.g. butter, cream and pastries).
- Have a low–moderate fat intake.
- Avoid adding salt to food. Choose low salt or reduced salt foods. Limit salty foods such as salted anchovy, salted curd tuna/flaked canned tuna and stuffed olives.
- Eat only moderate amounts of sugars and limit or avoid foods high in added sugars (e.g. fruit pies and sweetened pastries).
- Drink plenty of water.
- If you drink alcohol, limit your intake to 2 standard drinks a day. It will also be a good idea to include alcohol free days each week.

### **How can I keep my blood glucose (sugar) levels in the healthy range?**

It is very important that people with diabetes aim to keep their blood glucose levels in target range with regular physical activity, healthy eating and appropriate treatment (medications and/or insulin if required). (Refer to Chapter 13 on Blood Glucose Monitoring).

You can help to do this by spreading your food intake out over the day, not overdoing your serve sizes and choosing mostly high fibre, low fat and lower glycemic index carbohydrates.

Regular reviews with your dietitian are important to help you get the balance right between your blood glucose levels, the food you eat, exercise and your diabetes medication, if you take them. A dietitian may suggest you make changes to the types of food you eat and how much you eat to help keep you healthy. Your dietitian will try to work within the foods and cooking methods that you traditionally use.

### **X'inhu l-ikel bnin għad-dijabete?**

Ikel bnin għad-dijabete hu l-istess bħall-ikel bnin għal kulhadd. Tfassil ta' ikel tajjeb jinkoraġġixxi:

- Cereali ta' fibra għolja jinkludu ċ-cereali wholegrain tal-breakfast, ħobż biż-żerriegħa jew wholemeal, għaġin wholemeal jew ross kannella
- Biċċtejn frott u ħames biċċiet jew iktar ta' ħaxix kuljum. Inkludi l-fażola tal-bott, fażola bajda, fażola kidnija, għads, ċicri u piżelli
- Biċċa jew tnejn laħam bla xaħam, ħut, tiġieg mingħajr ġilda jew alternattivi tagħhom kuljum. L-alternattivi jinkludu ħaxix, bajd, lewż u żerriegħa
- Ikel mill-ħalib (pereżempju ħalib, ġobon u yoghurt) li huma low fat jew skim għal dawk kollha li huma 'l fuq minn sentejn
- Illimita x-xaħmijiet (pereżempju l-butir, krema u pastizzi)
- Kul xaħmijiet mill-anqas jew moderatament
- Iżżidtx melħ mal-ikel. Aghżel ikel bi kwantità baxx ta' melħ jew mill-inqas. Illimita l-ikel immellaħ bħall-inċova, tonn taż-żejt immellaħ u żebbug mimli
- Kul ammonti moderati ta' zokkor u llimita jew evità ikel b'ħafna zokkor (pereżempju torti tal-frott u pasti tal-ħelu)
- Ixrob ħafna ilma
- Jekk tixrob l-alkoħol, illimita dawn għal żewġ xarbiet kuljum. Tkun idea tajba li tinkludi ġranet bla xorb alkoħoliku fil-ġimgħa.

### **Kif nista' nżomm il-livelli tal-glukosju (zokkor) tiegħi f'medja tajba?**

Hu importanti li nies bid-dijabete jippruvaw iżommu l-livelli tal-glukosju fid-demm fil-medja raġonevoli b'attività regolari, ikel bnin u kura proprja (medicina u/jew jekk hemm bżonn l-insulina).

Inti tista' tgħin f'dan billi tqassam l-ikel tiegħek fuq ġurnata, ma tkabbarx il-porzjonijiet tiegħek u tagħżel fibra għolja, xaħam baxx u karboidrati tal-glycemic index baxxi.

Rivisti regolari mal-ispeċjalist tad-dieta huma importanti biex jgħinuk iżzomm bilanċ tajjeb bejn il-livelli tal-glukosju fid-demm, l-ikel li tiekol, eżerċizzju u l-medicini li tiegħu, jekk tiegħodhom. L-ispeċjalist tad-dieta jista' jissuġerilek li tagħmel tibdil lit-tip ta' ikel li tiekol u kemm tiekol biex iżzomm ruħek f'saħħtek. L-ispeċjalist tad-dieta jipprova jaħdem fil-konfini tal-ikel u l-metodi tat-tisjir li inti tradizzjonalment tuża.

# 7

## What's in food?

### **You may have heard about:**

- Carbohydrates
- Fibre
- Protein
- Fat
- Vitamins and Minerals.

These are called nutrients and they help your body to work properly and stay healthy. A nutrient is a substance found in food. You can find more information on each of these nutrients below.

### **Carbohydrates**

Carbohydrates are the best energy source for your body. When they are eaten they breakdown to form glucose in the bloodstream. Eating regular meals and spreading your carbohydrate foods evenly over the day can help to maintain your energy levels without causing blood glucose levels to go too high or too low.

### **Carbohydrate foods include:**

- Breads and cereals (e.g. spaghetti, macaroni, and rice)
- Milk and yoghurt
- Fruit
- Starchy vegetables and legumes (e.g. potatoes, sweet potatoes, corn, white beans and chick peas)
- Sugar and sugary foods (e.g. sweet biscuits, Turk's Sweet, Maltese honey ring and soft drinks).

Most of these foods, except sugar and sugary foods, also provide other important nutrients to help keep you healthy. It is important to include these foods every day.

Eating a large serve of carbohydrate (e.g. a large plate of pasta or rice) may cause your blood glucose levels to rise too high. Also, eating too much food all the time, even if it is healthy food, will cause you to put on weight. Being overweight makes it harder to manage your blood glucose levels.

As everyone is different, talk to your dietitian about the amount of carbohydrate food you need to eat.

Sometimes testing your blood glucose level two hours after a meal can help you to work out if you ate too much carbohydrate at a meal. If this happens a lot speak to your dietitian or diabetes educator who can give you advice on what to do. Cutting down carbohydrates is not always the answer.

### **Glycemic Index**

Low glycemic index foods raise your blood glucose levels more slowly than high glycemic index foods. Eating mostly low glycemic index foods may help people with diabetes to reduce average blood glucose levels, lower blood fats and raise healthy cholesterol. They may also help you feel fuller for longer which may help with weight control. It is still important not to overdo your serve sizes.

Not all low glycemic index foods are healthy. You still need to consider if the food fits into the healthy eating recommendations listed earlier. Try to eat mostly high fibre low fat and lower glycemic index foods. Including a lower glycemic index food at every meal is a good start.

Some healthy low glycemic index foods include pasta, wholegrain cereals (oats), legumes (dried beans, dried peas and lentils), sweet corn, low fat milk and yoghurt, most fruit and many high fibre grainy breads.

Rice is usually a high glycemic index food. However, there are some varieties of rice that have a lower

# 7

## X'ikun Hemm fl-Ikel?

### ***Naħseb li smajt b'dawn:***

- Karboidrati
- Fibra
- Proteina
- Xaħam
- Vitamini u Minerali

Dawn isejñulhom nutrijenti u jgħinu l-ġismek jaħdem sewwa u jzomm f'saħtu. Nutrijent hu sustanza li jinstagħab fl-ikel. Inti tista' ssib aktar informazzjoni fuq dawn in-nutrijenti hawn taħt.

### **Karboidrati**

Il-Karboidrati huma l-aħjar sorsi ta' enerġija għal ġismek. Meta tiekolhom dawn jtkissru biex jiffurmaw il-glukosju fid-dem. Li tikkonsma ikliet regolari u tferrex il-karboidrati sewwa matul ġurnata jgħinuk iżzomm il-livelli tal-enerġija tiegħek tajba mingħajr ma jġielu l-livelli tal-glukosju li jogħlew ħafna jew jitbaxxew iżżejjed.

### ***Ikel karboidrat jinkludi:***

- Ħobż u ċereali (pereżempju spagetti, imqarrun u ross)
- Ħalib u yoghurt
- Frott
- Ħaxix b'ħafna lamtu u legumi (pereżempju patata, patata ħelwa, qamħ, fażola bajda u ċiċri)
- Zokkor u ħelu (pereżempju gallettini ħelwin, qubbajd, qaq tal-għasel u luminati).

Il-biċċa l-kbira ta' dan l-ikel, minbarra z-zokkor u l-ħelu, jipprovdi wkoll nutrijenti importanti oħra biex jgħinuk iżzomm f'saħħtek. Hu importanti li tinkludi dan l-ikel kuljum.

Jekk tiekol porzjon kbir ta' karboidrat (pereżempju platt kbir għaġin jew ross) jista' jikkawża l-livelli tal-glukosju f'demmek li jtilgħu ħafna. Ukoll, ħafna ikel ta' sikwit, anki jekk dan ikun ikel bnin, jikkawżalek li teħxien. Li tkun oħxon iżżejjed jagħmilha diffiċli biex timmaniġġja l-livelli tal-glukosju fid-dem.

Għax kulħadd huwa differenti, tkellem mal-ispeċjalist tad-dieta tiegħek dwar l-ammont ta' ikel karboidrat li jkollok bżonn tiekol.

Xi kultant li tittestja l-livell tal-glukosju fid-dem tiegħek sagħtejn wara l-ikel jista' jgħinek tara jekk fl-ikla li tkun għadek kif kilt kiltx ħafna karboidrati. Jekk jiġri sikwit kellek lill-ispeċjalist tad-dieta tiegħek jew l-edukatur tad-dijabete li jkunu jistgħu jgħidulek x'għandek tagħmel. Li tnaqqas il-karboidrati mhux dejjem hi s-soluzzjoni.

### **Glycemic Index (GI)**

Kull karboidrat fl-ikel jtkisser biex jiffurma l-glukosju. Ċerti karboidrati jtkissru malajr u oħrajn bil-mogħod. Il-Glycemic Index (GI) hu metodu biex tqis kemm hi l-qawwa tal-karboidrat fl-ikel u kif jeffetwa l-livelli tal-glukosju fid-dem.

Ikel ta' glycemic index baxx jgħolli l-livelli tal-glukosju fid-dem aktar bil-mod milli ikel ta' glycemic index għoli. Il-konsum ta' ikel ta' glycemic index baxx jista' jgħin nies bid-dijabete biex inaqqsu l-livelli medjali tal-glukosju fid-dem, inaqqsu ix-xaħam fid-dem u jgħolli l-kolesterol it-"tajjeb". Dawn jistgħu jgħinuk tħossok mimli għal żmien itwal li jista' jgħin fil-kontroll tal-piż. Hu importanti li ma tkabbarx il-porzjonijiet.

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## What's in food? - *continued*

glycemic index. These include Basmati rice and Doongara rice.

### **What about sugar?**

Sugar is also a carbohydrate. Eating small amounts of sugar will not affect your diabetes, e.g. 1 teaspoon of sugar in your cup of tea or a thin spread of jam on your toast.

Some foods that contain sugar are also healthy foods. For example fruit and milk naturally contain sugar. Other healthy foods have had small amounts of sugar added to them (e.g. some high fibre breakfast cereals and yoghurts). We know these foods are good for us so we can include them in our diet.

Eating or drinking large amounts of foods that are very high in sugar (e.g. Figolla (Maltese Easter Sweet) and Kinnie (soft drink)) can cause your blood glucose levels to rise too high. They can also cause you to put on weight. These foods are best eaten in small amounts. Choose diet soft drinks and cordials instead of standard varieties.

If you are using sugar in recipes, think about how much sugar you will end up eating. If the recipe is very high in sugar and you will be having a large serve, try reducing the amount of sugar, have a smaller serve or replace some of the sugar with an alternative sweetener. Try to choose recipes that are low in fat (particularly saturated fat) and contain some fibre.

### **Fibre**

Fibre is important for everyone, including people with diabetes. Fibre can help keep your digestive system healthy and prevent constipation.

Fibre is also very useful for people with diabetes. It can help to lower "bad" cholesterol which helps to keep your heart healthy. Also many foods that are high in fibre have a low glycemic index. This is because some types of fibre can slow down digestion of the food. Eating foods high in fibre can also keep you feeling fuller for longer so may help with weight control.

High fibre foods include whole fruits (not juice), vegetables, legumes, nuts and seeds, grainy and wholemeal breads, high fibre cereals, Bigilla (bean paste or dip) and Minestra (thick vegetable lentil soup).

### **Fat**

Fat is an essential nutrient. However many of us eat too much fat or eat the wrong types of fat.

Fat is high in kilojoules. Eating too much fat can cause you to put on weight or make it harder for you to lose weight.

Some fats (saturated fats and trans fats) can increase your risk of heart disease and make it harder to manage your diabetes. Avoid these types of fats (e.g. full fat dairy foods, fatty meats and fried foods).

Polyunsaturated fats (e.g. oily fish, safflower and sunflower oils) and monounsaturated fats (e.g. avocado, canola and olive oils) can help reduce your risk of heart disease. They are better choices than saturated fat. Both of these fats have benefits for your health so vary between them. These fats are still high in kilojoules, so if you are overweight, eat them in moderation.

To help you get the right type of fat and avoid eating too much fat;

#### **Choose:**

- Meat trimmed of fat
- Chicken trimmed of fat and skin
- Low fat cooking methods such as barbequing, grilling, dry frying, baking, steaming or poaching
- Low fat cooking methods such as grilling, dry baking or steaming instead of high fat baking or frying
- Low fat dairy foods
- Low fat cheddar cheese, ricotta, cottage, quark cheese or only sprinkle a small amount of

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## X'ikun Hemm fl-Ikel? - *ikompli*

Mhux kull ikel ta' glycemic index huma tajbin għas-saħħa. Inti jkollok bżonn tikkunsidra jekk l-ikel jiffittjax fil-lista ta' rakkomandazzjonijiet imsemmija aktar 'l fuq. Ipprova kul aktar ikel li hu għoli fil-fibra u bl-inqas xaħam u ikel tal-glycemic index baxx. Li tinkludi ikel tal-glycemic index baxx ikun bidu tajjeb.

Ikel tal-glycemic index baxx jinkludu l-għaġin, ċereali wholegrain (qamħ), legumi (fażola niexfa, piżelli niexef u għads), qamħirrum (corn) ħelu, ħalib ta' xaħam baxx u yoghurt, il-bičča l-kbira tal-frott u ħobż biż-żerriegħa ta' fibra għolja.

Ir-ross hu ikel tal-glycemic index għoli. Għaldaqstant, hemm ċerti varjetajiet ta' ross li huma ta' glycemic index baxxi. Dawn jinkludu r-ross Basmati u r-ross Doongara.

### **Iz-zokkor x'jagħmel?**

Iz-zokkor ukoll hu karboidrat. Il-konsum ta' ammonti żgħar ta' zokkor ma jeffetwax id-dijabete, pereżempju, kuċċarina zokkor mat-tè jew naqra jam mal-ħobż mixwi.

Xi ikel li fih iz-zokkor ukoll jista' jingħadd mal-ikel bnin. Pereżempju il-frott u l-ħalib fihom iz-zokkor naturali. Ikel ieħor bnin ikollu ammonti żgħar ta' zokkor magħdud miegħu (pereżempju xi ċereali ta' fibra għolja tal-breakfast u yoghurts). Aħna nafu li dan l-ikel hu tajjeb għalina allura ninkludhom fid-dieta tagħna.

Il-konsum ta' ammonti kbar ta' ikel u xorb li huma għoljin fiz-zokkor (pereżempju l-figolli u Kinnie jistgħu ikunu kawża li l-livelli tal-glukosju fid-demm tiegħek jogħla ħafna. Jistgħu ukoll ikunu l-kawża li żżid il-piż. Dawn l-aħjar li jittieklu f'ammonti żgħar. Agħażel Diet Kinnie jew light soft drinks u cordials minflok varjetajiet normali.

Jekk qed tuża z-zokkor fir-riċetti, ftakar kemm zokkor se tispicċa tiekol. Jekk ir-riċetta hi għolja fiz-zokkor u inti se tiekol porzjon kbir, ipprova naqqas l-ammont ta' zokkor, kul porzjon iżgħar jew ibdel l-ammont taz-zokkor b'zokkor artifiċjali. Ipprova aghżel riċetti li huma baxxi fix-xaħam (partikularment xaħam saturizzat) u daħħal ftit fibra.

### **Fibra**

Il-fibra hi importanti għal kulħadd, inluż in-nies bid-dijabete. Il-fibra tista' żżomm is-sistema diġestiva tiegħek b'saħħita u tevita li tinsadd.

Il-fibra tajba wkoll għal nies bid-dijabete. Tista' tgħin tnaqqas il-kolesterol "ħażin" biex tgħin iżżomm qalbek b'saħħita. Ukoll ħafna mill-ikel li hu ta' fibra għolja ikun ta' glycemic index baxx. Dan għaliex xi tipi ta' fibra jistgħu inaqqsu r-ritmu tad-diġestjoni tal-ikel. Il-konsum ta' ikel għoli fil-fibra jista' jgħinek tħossok imxabba għal żmien itwal għalhekk jgħinek tikkontrolla l-piż tiegħek.

Ikel għoli fil-fibra jinkludi frott sħiħ (mhux meraq), ħxejjex, legumi, ġewż u żerriegħa, ħobż biż-żerriegħa u wholemeal, ċereali ta' fibra għolja, bigilla u minestra.

### **Xaħam**

Ix-xaħam hu nutrijent essenzjali. Għaldaqstant ħafna minnha nieklu ħafna xaħam jew nieklu t-tip ħażin ta' xaħam. Ix-xaħam fih ħafna kilojoules. Il-konsum ta' ħafna xaħam jista' jżidlek il-piż jew jagħmilha diffiċli li tnaqqas il-piż.

Xi xaħmijiet (saturated fats u trans fats) jistgħu ikabbru r-riskju tal-mard tal-qalb u ssibha diffiċli li tikkontrolla d-dijabete tiegħek. Evita dawn it-tipi ta' ikel li fihom ix-xaħam (pereżempju ikel mill-ħalib, laħam bix-xaħam u ikel moqli).

Polyunsaturated fats (pereżempju ħut żejtni, safflower u żjut mis-sunflower) u monounsaturated fats (pereżempju avokado, kanola u żejt taż-żebbug) jgħinuk tnaqqas ir-riskju tal-mard tal-qalb. Dejjem ikunu aħjar mis-saturated fats. Dawn iż-żewġ xaħmijiet ikunu ta' benefiċċju għal saħħtek għalhekk uża lilhom. Però xorta fihom ħafna kilojoules, għalhekk jekk inti oħxon, kun moderat fil-konsum tagħhom.

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## What's in food? - *continued*

parmesan cheese on the top of dishes

- To eat more fish including oily fish (e.g. tuna, salmon, mackerel, herring, sardines)
- Olive, canola, sesame, peanut, corn, safflower or sunflower oils for cooking, marinades and dressing
- Margarines made from olive, canola, safflower or sunflower oils
- Alternatively, use a plant sterol enriched margarine (i.e. Proactive™ and Logicol™), but speak to your dietitian and/or doctor about it before you decide to use it
- To include small amounts of avocado, unsalted nuts and seeds in your diet.

### **Limit/avoid:**

- Fatty or processed meats (e.g. Zalzett tal-Malti (Maltese sausage), the fatty cut of beef brisket, salami and bacon)
- High fat cooking methods such as frying or roasting in fat
- Full fat dairy foods (e.g. Gbejniet (Gozo cheeselets))
- Butter, ghee, lard, vegetable shortening, cream, coconut milk and coconut cream



- Heavily buttered bread
- Fried foods (e.g. fried fish and battered vegetables), fried eggs, cakes, pastries, biscuits, crisps and high fat crackers
- Pasta and rice dishes cooked with butter, a large amount of cheese and bacon. This includes baked macaroni Timpana (Maltese pastry-covered baked macaroni) and Ghagin Grieg (pasta 'beads' with minced pork and cheese)

- Pastries incl. Torti (savoury pastries), Kanneli (cheese/cream filled pastry) and Pastizzi
- Fritturi Tal-Qaqocc (artichoke fritters) and Torta tal-Irkotta (fresh ricotta and parsley pie).

### **Protein**

Protein is essential to your body everyday to repair old or damaged parts. Most people living in Australia already eat enough protein and do not need to eat more.

Choose protein foods that are also low in fat. Foods that are a good source of low fat protein are lean meat, poultry without the skin, fish and seafood, eggs, low fat dairy products, unsalted nuts, legumes (dried beans, dried peas and lentils) and soy products such as tofu.

Speak to your dietitian if you are not sure if you are eating enough protein.

### **Vitamins and minerals**

Vitamins and minerals are important for a healthy body. Eating a wide variety of foods from all five food groups will help you get all the vitamins and minerals your body needs.

The food groups are:

- Breads and cereals
- Vegetables
- Fruit
- Dairy foods
- Meat or meat alternatives (e.g. poultry, seafood, eggs, legumes, nuts and seeds).



## X'ikun Hemm fl-Ikel? - *ikompli*

Biex ngħinuk tagħzel l-aħjar xaħam u tevita tiekol ħafna xaħam;

### **Agħzel:**

- Laħam ittrimmjat mix-xaħam
- Tiġieġ ittrimmjat mix-xaħam u ġilda
- Sajjar b'metodi li jeħilsu x-xaħam bħal BBQ, xiwi, qali bla xaħam, fil-forn, fuq il-fwar jew poaching
- Agħzel metodi bħal xiwi, qali bla xaħam minflok fil-forn b'ħafna xaħam jew qali
- Ikel mill-ħalib bl-inqas xaħam, low fat
- Ġobon taċ-cheddar low fat, rikotta, cottage, quark jew xerred f'it ġobon tal-ħakk f'wiċċ it-taġnijiet
- Li tiekol iktar ħut u ħut żejtni (pereżempju t-tonn, salmun, aring, kavalli u sardin)
- Żjut taż-żebbuġ, kanola, sesame, karawett, corn, safflower jew sunflower għat-tisjir, ma rinati u bhala dressing
- Marġerina magħmula miż-żejt taż-żebbuġ, kanola, safflower jew sunflower
- Alternattivament, marġerina tal-pjanta sterol enriched (pereżempju Proactive™ u Logicol™), imma tkellem mal-ispeċjalist tad-dieta u/jew tabib qabel tiddeċiedi tużahom
- Inkludi ammonti żgħar ta' avokado, ġewż mhux immellaħ u żerriegħa fid-dieta tiegħek.

### **Evita/Ilimita:**

- Laħam bix-xaħam jew ipproċessat (bħal Zalzett tal-Malti, salami u bejken)
- Metodi li jużaw ħafna xaħam bħal qali jew fil-forn
- Ikel mill-ħalib għoli fix-xaħam (pereżempju gbejniet)
- Butir, Butir Indjan, lardu, vegetable shortening, krema, ħalib tal-ġewż tal-Indi u krema tal-ġewż tal-Indi
- Ħafna butir fuq il-ħobż



- Ikel moqli (pereżempju ħut moqli u ħxejjex ibbutirjati), bajd moqli, kejk, pasti, gallettini, chips tal-pakkett u crackers li fihom ħafna xaħam
- Għaġin u ross imsajjar bil-butir, ammonti kbar ta' ġobon u butir. Dawn jinkludi t-Timpana u Għaġin Grieg (żibeġ tal-għaġin bil-porku mqatta' u ġobon)
- Torti (tal-ħelu jew le), Kannoli u Pastizzi
- Fritturi tal-qaqoċċ u t-torta tar-rikotta.

### **Proteina**

Il-proteina hi essenzjali kuljum għal ġismek biex issewwi l-partijiet antiki u mħassra. Ħafna min-nies li jgħixu fl-Awstralja jieklu proteina biżżejjed u ma għandhomx għalfejn jieklu aktar.

Agħzel ikel tal-proteina li huma wkoll imnaqqsin mix-xaħam. Ikel li hu sorsi tajjeb ta' proteina b'xaħam baxx hu l-laħam dgħif, tiġieġ mingħajr il-ġilda, ħut u ikel tal-baħar, bajd, prodotti tal-low fat dairy, ġewż mhux immellaħ, legumi (fażola imqadda, piżelli imqadded) u prodotti mis-soyabean bħal tofu.

Kellem lill-ispeċjalista tad-dieta jekk mhintix żgur hux qed tiekol biżżejjed proteina.

### **Vitamini u minerali**

Il-vitamini u l-minerali huma importanti għal ġisem b'saħħtu. Il-konsum ta' varjetà wiegħsa ta' ikel mill-ħames gruppi jgħinek tirċievi l-vitamini u minerali li l-ġisem tiegħek ikollu bżonn.

Il-ħames gruppi huma:

- Il-ħobż u ċ-ċereali
- Ħxejjex
- Frott
- Ikel tad-dairy
- Laħam u laħam alternattiv (pereżempju tiġieġ, ħut, bajd, legumi, ġewż u żrieragħ).

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# 8

## Common Questions about Food and Diabetes

### **How often should people with diabetes eat?**

It is important for all people with diabetes to eat regular meals over the day. This helps to spread food intake out and prevent blood glucose levels going too high or low.

Some people with diabetes take tablets or insulin to help manage their diabetes. These medications may mean that you need to eat at certain times, eat a small snack between meals or have a snack before bed. Discuss with your dietitian, diabetes educator or doctor whether you need to eat at certain times or need to eat snacks.

If you keep irregular hours (or you do shift work) it is important to discuss this with your dietitian, diabetes educator or doctor as your medications may need to be adjusted to fit in with when you are able to eat. It is important that you do your best to have a regular eating pattern from day to day.

### **Why is it important to manage my weight?**

Being overweight can make it harder to control your blood glucose levels. Carrying too much fat around your middle is especially bad for diabetes and heart disease. If you are overweight, ask your dietitian for advice on how to adjust your food intake to lose weight. Also speak to your doctor or an exercise physiologist about exercise.

### **Can I eat fruit? What type of fruit can I eat and how much?**

Yes, people with diabetes can eat fruit. Fruit is an excellent source of fibre, vitamins and minerals. All fruit can be included as part of a healthy diet for people with diabetes. Fruit contains natural sugar therefore it is important to spread fruit over the day.

The recommendation for fruit is the same as the general population. That is, two servings of fruit each day. 1 serve of fruit equals:

- 1 medium piece of fruit (e.g. 1 apple or 1 orange or 1 pear)
- 2 smaller pieces of fruit (e.g. 2 plums or 2 kiwifruit)
- 1 cup chopped or canned fruit (not in syrup)
- 20 grapes
- 1 large peach
- 1 tablespoon of sultanas or 4 dried apricots\*
- 1 small banana or ½ large banana.

Fruit juice is high in kilojoules and does not contain fibre. It is much better to eat the whole fruit rather than drink the juice. Drinking too much juice raises blood glucose levels and may contribute to weight gain. If you must drink juice, limit to a maximum of 1 small glass a day.

\*Dried fruit contains a lot of natural sugar. If you eat dried fruit limit to a small quantity e.g. 1 tablespoon of sultanas, 2 dried figs or 4 pitted dates.

# 8

## Mistoqsijiet Komuni dwar l-Ikel u d-Dijabete

### **Kull meta suppost jieklu n-nies bid-dijabete?**

Hu importanti għal kull min għandu d-dijabete li jiekol ikliet regolari matul il-ġurnata. Dan jgħin biex iferrex l-ikel fuq aktar ħin u jevita l-livelli tal-glukosju fid-demm milli jitbaxxew jew jinżlu ħafna.

Xi nies bid-dijabete jieħdu l-pilloli jew l-insulina biex jikkontrollaw id-dijabete. B'dawn il-medikazzjonijiet ifisser li inti jkollok tiekol f'ċertu ħinijiet, tiekol snack żgħir bejn l-ikliet prinċipali jew tiekol xi ħaġa żgħira qabel torqod. Iddiskuti mal-ispeċjalist tad-dieta, l-edukatur tad-dijabete jew tabib jekk ikollokx bżonn tiekol f'ċerti ħinijiet jew ikollok bżonn tiekol xi snack.

Jekk iżzomm ħin regolari (jew taħdem bix-xift) hu importanti li tiddiskuti dan mal-ispeċjalist tad-dieta, l-edukatur tad-dijabete jew tabib għax il-medikazzjoni tiegħek ikollha bżonn tiġi aġġustjata biex tiffittja ma' meta inti suppost tiekol. Hu importanti li tagħmel mill-aħjar li jkollok disinn regolari ta' ikel minn ġurnata għall-oħra.

### **Għaliex hu importanti li nimmaniġġja l-piż tiegħi?**

Jekk tkun oħxon jista' jagħmilha iktar diffiċli li tikkontrolla l-livelli tal-glukosju tad-demm tiegħek. Li ġġor ħxuna żejda madwar zaqqek hu ħażin ħafna għad-dijabete u l-mard tal-qalb. Jekk inti tqil iżżejjed, saqsi l-ispeċjalist tad-dieta dwar pariri kif tista' taġġustja l-ikel li tiekol biex tnaqqass il-piż. Ukoll kellew lit-tabib tiegħek jew il-fizjologu tal-eżerċizzji dwar taħriġ.

### **Nista' niekol frott? Liema tip ta' frott u kemm?**

Iva, nies bid-dijabete jistgħu jieklu frott. Il-frott hu sorsi eċċellenti ta' fibra, vitamini u minerali. Il-frott kollu jista' jiġi inkludut bħala parti ta' dieta tajba għal daww bid-dijabete. Il-frott fih zokkor naturali għalhekk hu importanti li tferrex l-ikel tal-frott matul il-ġurnata.

Ir-rakkomandazzjonijiet għall-frott huma l-istess bħal tal-popolazzjoni in ġenerali. Dak hu, żewġ porzjonijiet ta' frott kuljum. Porzjon ta' frott ifisser:

- Biċċa frott ta' daqs raġonevoli (pereżempju tuffieħa, laringa jew lanġasa)
- Żewġ biċċiet żgħar ta' frott (pereżempju żewġ għanbaqriet jew żewġ kiwifruit)
- Kikkra frott imqatta jew tal-bott (mhux fil-meraq)
- 20 għanba
- Ħawħa kbira
- Mgħarfa żbib jew erba' berquqiet (apricots) imqadda\*
- Banana żgħira jew nofs banana kbira.

Il-meraq tal-frott tal-bott fih ħafna kilojoules u ma fihx fibra. Ikun aħjar li tiekol il-frotta milli tixrob il-meraq. Li tixrib ħafna meraq jgħolli l-livelli tal-glukosju fid-demm u jikkontribwixxi għall-ħxuna. Jekk trid tixrob il-meraq, illimita dan għal massimu ta' tazza żgħira kuljum.

\*Frott imqadded fih ħafna zokkor naturali. Jekk tiekol il-frott imqadded illimita dan għal kwantità żgħira, pereżempju magħarfa żbib, żewġ tiniet imqaddin jew erba' tamliet.

### **Can I eat unlimited vegetables?**

Vegetables provide an excellent source of fibre, vitamins and minerals. Recommendations for vegetables are five or more servings a day. One serve of vegetables is equal to ½ cup cooked vegetables or 1 cup salad or 1 medium potato\* or ½ cup cooked legumes\*. Most vegetables have very little impact on blood glucose levels and weight (i.e. salads, eggplants and artichokes). These vegetables are referred to as free foods and can be included in unlimited quantities.

\*Starchy vegetables (that is, potato, sweet potato, corn and legumes) do contain carbohydrate. This means they are broken down into glucose to provide the body with energy. Starchy vegetables can be included as part of a healthy eating plan in moderate amounts to help manage blood glucose levels.

### **Are “diet” foods suitable?**

Not all diet foods or foods marked “suitable for people with diabetes” are useful for people with diabetes. Often they can be quite high in kilojoules or may have a lot of fat in them. They can also be quite expensive.

Diet foods that you should avoid are:

- Diabetic chocolate. These are usually high in fat
- Diet or low carbohydrate beer. These beers are still high in alcohol. It is the alcohol that is more of a problem than the carbohydrate content.

Some diet foods are fine for people with diabetes. These are foods that normally may be high in added sugar. Replacing the sugar with a sweetener such as Equal™, Splenda™ and Sugarine™ means you do not have to worry that they will raise your blood glucose level too high. These include:

- Diet soft drinks (e.g. diet Kinnie and diet Swish)
- Diet cordials
- Diet jellies.

### **What foods can I eat if I am always hungry?**

If you are often hungry, make sure you are not overly restricting how much you eat just to keep your blood glucose levels down. This is especially important for children, adolescents and the elderly. Speak to your dietitian about what is the right amount of food for you.

If you are eating the right amount of food and are still hungry, try to include high fibre, low fat and low glycemic index foods in your meals and snacks. They can help to keep you feeling fuller for longer.

Some foods can be eaten without affecting your blood glucose level or body weight. These are the kind of foods you should aim to eat if you are still hungry. These foods are often called “free” foods. They include:

- Most vegetables except the starchy vegetables (potato, sweet potato, corn, legumes), avocado and olives
- Some fruits e.g. lemon, lime, cumquats, loquats, passionfruit, berries and rhubarb.
- Black or green tea\* (without milk or sugar)
- Herbal teas
- Coffee\* (without milk or sugar)
- Water including soda water and plain mineral water
- Diet soft drinks and cordials
- Clear broth

### **Nista' niekol ħxejjex kemm irrid?**

Il-ħxejjex jipprovdu sorsi eċċellenti ta' fibra, vitamini u minerali. Rakkomandazzjonijiet għal ħxejjex huma ta' ħames porzjoni u iktar kuljum. Porzjon ta' ħaxix hu egwali ma' nofs kikkra ħaxix imsajjar jew kikkra ħaxix nej f'salad jew patata ta' daqs medju\* jew nofs kikkra legumi msajjra\*. Il-biċċa l-kbira tal-ħxejjex ma jagħmlux differenza kbira fil-livelli tal-glukosju fid-demm u piż tal-ġisem (pereżempju salads, brunġiel u qaqqoċċ). Dawn il-ħxejjex isejġġulhom ikel ħielesu jkunu jistgħu jiġu inkluduti bla qies.

\*Ĥxejjex bil-lamtu (dak hu, patata, patata ħelwa, corn u l-legumi) fihom il-karboidrat. Dan ifisser li dawn jtkissru fi glukosju biex jiprovdu l-ġisem bl-enerġija. Ĥxejjex bil-lamtu jistgħu jiġu inkluduti bħala parti ta' pjan ta' ikel bnin f'ammonti moderati biex jgħin fl-immaniġġjar tal-livelli tal-glukosju fid-demm.

### **L-ikel tad-"dieta" huma addattati?**

Mhux l-ikel kollu tad-dieta u l-ikel immarkat "suitable for people with diabetes" huma tajbin għal nies bid-dijabete. Ĥafna drabi dawn ikunu għoljin fil-kilojoules jew ikollhom ħafna xaħam fihom. Jista' jkun ukoll li dawn ikunu jiswew ħafna.

Ikel tad-dieta li inti għandek tevita huma dawn:

- Ċikkulata Dijabetika. Normalment dawn ikunu għoljin fix-xaħam
- Birra tad-diet jew ta' karboidrat baxx. Dawn il-birer huma għoljin fl-alkoħol. Ikun l-alkoħol li hu l-problema milli l-ammont ta' karboidrat.

Xi xorb tad-diet hu tajjeb għal nies bid-dijabete. Dan hu xorb li normalment ikun għoli fiz-zokkor miżjud. Li tibdel iz-zokkor ma' wieħed artifiċjali bħal Equal™, Splenda™ u Sugarine™ ifisser li inti ma jkollokx tibza li dawn se jgħollulek il-livelli tal-glukosju ħafna. Dawn jinkludu:

- Xorb tad-diet (pereżempju Diet Kinnie u Diet Swish)
- Diet cordials
- Diet jellies.

### **X'ikel nista' niekol jekk jien dejjem inkun bil-ġuħ?**

Jekk inti tkun bil-ġuħ sikwit, aġġmel żgur li inti mhintix tirristretta kemm tiekol sabiex iżzomm il-livelli tal-glukosju baxxi. Dan hu speċjalment importanti għat-tfal, iż-żagħżagħ u l-anzjani. Tkellem mal-ispeċjalist tad-dieta tiegħek dwar l-aħjar ammont għalik.

Jekk inti qiegħed tiekol ammont tajjeb u tkun għadek bil-ġuħ, ipprova inkludi l-fibra għolja, xaħam baxx u ikel tal-glycemic index baxx fl-ikel u snacks tiegħek. Dawn jistgħu iżommuk mimli għal ħin itwal.

Xi ikel jista' jittiekel mingħajr ma jeffetwa l-livelli tal-glukosju jew il-piż tiegħek. Dan hu t-tip ta' ikel li inti għandek timmira li tiekol jekk tkun għadek bil-ġuħ. Dan l-ikel jissejjaħ ikel "ħieles". Dan jinkludi:

- Kwalunkwe ħxejjex minbarra l-ħxejjex bil-lamtu (patata, patata ħelwa, corn, legumi), avokado u żebbuġ
- Xi frott pereżempju l-lumi, lime, kumkwat, naspli, passionfruit, berries u rhubarb.
- Tè iswed jew aħdar\* (mingħajr ħalib jew zokkor)
- Tejjiet tal-ħxejjex
- Kafè\* (mingħajr ħalib jew zokkor)
- Ilma inkluż is-soda water u ilma minerali
- Xorb tad-Diet u kordjal

- 
- Tomato Juice
  - Fresh lemon juice
  - Diet jelly
  - Herbs and spices.

\* It is best to limit tea and/or coffee to 4 cups a day.

### **What can I add to food to give it more flavour?**

It is important to limit salt and foods containing salt. This is because a high salt intake can cause high blood pressure.

Herbs, spices, chilli, garlic, lemon, lime and vinegar can all be used to add flavour to food without affecting blood glucose levels or blood pressure. Use your traditional herbs and spices to maintain the traditional flavour of meals (e.g. mint, marjoram, black peppercorns, parley, coriander seeds, cloves, anise seeds and cinnamon).

### **Why should I see a dietitian?**

An Accredited Practising Dietitian is a health professional who can help you manage food and diabetes. Make an appointment to see a dietitian when you are first diagnosed with diabetes. You will need a referral from your doctor. When you are first diagnosed, your dietitian will need to see you a few times. Continue to see a dietitian once or twice a year from then on.

Your doctor might also suggest you see a dietitian if you are prescribed with medications or change your medications. This is because medications can affect the balance between food and your blood glucose levels.

Call Diabetes NSW & ACT on 1300 342 238 for more information.

If you cannot speak English well, call the free Telephone Interpreter Service (TIS) on 131 450 and ask them to help you to speak to a dietitian from Diabetes NSW & ACT.

- 
- Brodu ċar
  - Sugu tat-tadam
  - Sugu frisk tal-lumi
  - Diet jelly
  - Hxejjex erbali u ħwawar.

\* Ikun tajjeb li tillimità it-tè u/jew kafè għal 4 kikkri kuljum.

### **X'nista' nżid mal-ikel biex inżid it-togħma?**

Hu importanti li tillimita l-melħ u ikel li fih il-melħ. Dan għaliex li tiegħu ħafna melħ jista' jtellagħlek il-pessjoni.

Hxejjex erbali, ħwawar, bżar, tewm, lumi, lime u ħall kollha jistgħu jintużaw biex iżidu t-togħma mal-ikel mingħajr ma jżidu l-livelli tal-glukosju fid-demm u l-pessjoni. Uża l-hxejjex erbali u l-ħwawar tradizzjonali biex iżzomm it-togħma tradizzjonali tal-ikel (pereżempju naniegħ, merqtux, bżar sħiħ iswed, tursin, żerriegħa tal-kosbor, imsiemer tal-qronfol, anise seeds and cinnamon).

### **Għaliex għandi nara speċjalist tad-dieta?**

Accredited Practising Dietitian hu professjonali tas-saħħa li jista' jgħinek timmaniġġja l-ikel u d-dijabete. Agħmel appuntament biex tara speċjalist tad-dieta meta jgħidulek li għandek id-dijabete. Inti jkollok bżonn tiġi riferut mingħand it-tabib tiegħek. Meta tingħata d-djanjosi għall-ewwel darba, ikun hemm bżonn li l-ispeċjalist tad-dieta jarak iktar minn darba. Ibaq' ara l-ispeċjalist tad-dieta tiegħek darba jew darbtejn fis-sena minn hemm 'l quddiem.

It-tabib tiegħek jista' wkoll jissuġerilek li inti tara espert tad-dieta jekk inti tiġi ordnat il-medikazzjoni jew li tibdel il-medikazzjoni. Dan għaliex il-medikazzjonijiet jistgħu jaffetwaw il-bilanċ bejn l-ikel u l-livelli tal-glukosju fid-demm.

Ċempel lill-Diabetes NSW & ACT fuq 1300 342 238 għal aktar informazzjoni.

Jekk ma titkellimx bl-Ingliż tajjeb, ċempel lit-Telephone Interpreter Service (TIS) fuq 131 450 u għidilom li trid tkellem ma' dietitian minn tal-Diabetes NSW & ACT.

# 9

## Diabetes and Alcohol

Too much alcohol is harmful for everyone, including people with diabetes. However, people with diabetes may still drink some alcohol. If you drink alcohol, drink in moderation and be aware of the following:

- Alcohol can increase body weight, blood pressure and some blood fats. This can make it harder to manage your diabetes and increases your risk of heart disease
- People who use insulin or take some diabetes tablets can have a very low blood glucose level (hypoglycaemia) after drinking alcohol. Always eat carbohydrate food when drinking alcohol. Ideally drink alcohol with a meal but if this is not possible snack on carbohydrate foods like low fat crackers, pretzels or bread
- The symptoms of drunkenness and hypoglycaemia are similar. People may not offer you help if they think that you are just drunk. Let the people with you know that you have diabetes and what to do if you have hypoglycaemia.

### Drink alcohol in moderation

Moderate drinking means no more than 2 standard drinks for both women and men per day.



A standard drink is a 285 ml of full strength beer, 375 ml mid-strength beer, 425 ml of light beer (less than 3% alcohol), 100ml wine or 30ml spirits. It's a good idea to include alcohol free days each week.



To help reduce how much alcohol you drink try diluting it by adding water, soda water or diet soft drink. You could also try alternating between alcoholic and non-alcoholic drinks.



# 9

## Id-Dijabete u l-Alkoħol

L-alkoħol żejjed jagħmel hażin lil kulhadd, inkluż dawk bid-dijabete. Għaldaqstant, nies bid-dijabete jkunu jistgħu jixorbu xi ftit alkoħol. Jekk inti tixrob l-alkoħol, kun moderat u kun konxju ta' dan li ġej:

- L-alkoħol jista' jgħolli l-piż, il-pressure u x-xaħam fid-demm. Dan jista' jagħmilha diffiċli kif timmaniġġja d-dijabete u jgħollilek ir-riskju ta' mard tal-qalb
- Nies li jużaw l-insulina jew jieħdu xi pilloli jridu joġġhodu attenti minn xi livell baxx ħafna tal-glukosju (ipoglikimja) wara li jixorbu l-alkoħol. Dejjem kul ikel karboidrat meta tixrob l-alkoħol. Idealment ixrob l-alkoħol mal-ikel imma jekk dan mhux possibbli hu xi snack tal-ikel karboidrat bħal low fat crackers, pretzels jew ħobż
- Is-sintomi tas-sakra u ipoglikimja huma similari. In-nies jistgħu ma joffrulekx għajna jekk jaħsbu li int fis-sakra. Kun żgur li dawk li tkun tixrob magħhom ikunu jafu li int dijabetiku u x'jagħmlu fil-każ jekk taqbdex ipoglikimja.

### Kun moderat meta tixrob l-alkoħol



Xorb moderat ifisser mhux iktar minn 2 xarbiet standardi kemm għan-nisa kif ukoll l-irġiel kuljum. Xarba standarda hi 285 ml ta' birra qawwija, 375 ml ta' birra nofs qawwa, 425 ml ta' birra light (b'inqas minn 3% alkoħol), 100 ml inbid, 60 ml sherry jew 30 ml spirti (inkluż il-whisky u l-brandi). Tkun idea tajba li żżomm granet mingħajr alkoħol fil-ġimgha.



Biex jgħinek tnaqqas l-ammont ta' kemm tixrob alkoħol ipprova ħallat ix-xorb bl-ilma, soda water jew diet soft drink. Inti tista' tipprova tbiddel bejn xorb alkoħoliku u dak li mhux.

# 10 Physical activity

Daily physical activity is an important part of maintaining a healthy lifestyle. Everybody receives great benefits from exercise, but for people with diabetes; there are some extra, more significant benefits as well.

## Why it is good for you

### **Regular physical activity can:**



- Lower your blood glucose (sugar) levels and improve your blood glucose control
- Help make your tablets and/or insulin work better
- Help you to manage your weight or reduce your weight
- Lower blood pressure and blood fats such as cholesterol
- Improve the health and strength of your heart
- Reduce stress and anxiety
- Reduce your risk of developing diabetes complications
- Help you sleep better
- Improve your balance and coordination
- Make you feel great!

### **What should I be aiming for?**

Regular physical activity plays a large part in helping you to manage and control your diabetes. The amount of activity you should be doing is the same as everybody else!

Following these four simple guidelines can help put you on the path to good health:

- Think of physical activity as an opportunity, rather than an inconvenience
- Be active in as many ways as you can. Create opportunities for activity within your day. For example, walk to the shops instead of driving, take the stairs over the lift, or get off the bus one stop early and walk the extra distance.

It is also important to make these changes within the workplace. Try walking the longer way to the photocopier, visiting a colleague rather than emailing, stand up when talking on the phone or going for a walk during the lunch break.



- Put together at least 30 minutes of moderate intensity physical activity every day. Guidelines suggest we aim to do a minimum of 30 minutes every day of physical activity; but remember these don't have to be all at once. 30 minutes can be divided into 15 or 10 minute blocks, and they have the same effect. Try exercises that use your whole body in the movement, such as brisk walking, swimming, dancing or cycling. These activities should be performed at a level that makes you breathe harder but that you can still talk.
- If possible, do some regular vigorous exercise for extra health and fitness. Vigorous means that you are now exercising at a level that makes you huff and puff. Only do this type of activity if you have your doctor's okay and are managing your current exercises well.

# 10 Attività Fizika

Attività fizika ta' kuljum hija parti importanti kif iżżom stil ta' ħajja ta' saħħa. Kulhadd jirċievi benefiċċji kbar mill-eżerċizzju, imma għal dawk bid-dijabete; hemm benefiċċji sinjifikanti ukoll.

## Għaliex din tajba għaliya?

### Attività fizika regolari tista':



- Tnaqqas il-livelli tal-glukosju (zokkor) fid-demm u ttejjeb il-kontroll tal-glukosju fid-demm tiegħek
- Tgħin il-pilloli u/jew insulina jaħdmu aħjar
- Tgħinek timmaniġġja l-piż jew tnaqqas il-piż tiegħek
- Tnaqqas il-pressjoni tad-demm u x-xaħam fid-demm bħall-kolesterol
- Ittejjeb is-saħħa ta' qalbek
- Tnaqqas it-tensjoni u l-ansjetà
- Tnaqqas ir-riskju li tiżviluppa komplikazzjonijiet tad-dijabete
- Tgħinek torqod aħjar
- Ittejjeb il-bilanċ u l-ko-ordinazzjoni tiegħek
- Tagħmlek tħossok aħjar!

### Għaliex għandi nimmira?

Attività fizika regolari tgħinek ħafna biex timmaniġġja u tikkontrolla d-dijabete. L-ammont ta' attività li suppost tagħmel hu l-istess bħal ta' kulhadd!

Li timxi ma' dawn l-erba' linji sempliċi għandhom jgħinuk fit-triq ta' saħħa:

- Aħseb fl-attività fizika bħala oppotunità, minflok inkonvenjenza.
- Kun attiv f'kemm affarijiet tista'. Oħloq oppotuntajiet għal attività matul il-ġurnata. Pereżempju, imxi sal-ħwienet minflok issuq, itla' t-taraġ minflok tuża l-lift, jew inżel mill-karozza tal-linja stop qabel u imxi d-distanza sa fejn trid tasal.

Hu importanti wkoll li tagħmel dan it-tibdil fix-xogħol fejn taħdem. Ipprova imxi l-itwal triq lejn il-photocopier, mur ara lil sieħbek minflok tibgħatlu email, qum bilwieqfa meta titkellem fuq it-telefon jew oħroġ imxi fil-ħin tal-mistrieħ.



- Żomm mill-anqas 30 minuta ta' attività fizika ta' intensità moderata kuljum. Dawn il-linji jissuġerixxu 30 minuta kuljum ta' attività fizika; imma ftakar li dawn mgħandhomx għalfejn ikunu f'daqqa. 30 minuta jistgħu jiġu ddiveduti fi blokki ta' 15 jew 10 minuti, u jħallu l-istess effett. Ipprova eżerċizza li tagħmel użu tal-ġisem kollu waqt il-moviment, bħal mixi mhaffef, għawm, żfin u dawra bir-rotta. Dawn l-attivitajiet għandhom isiru f'livell li jġieghlek tonfoħ iktar qawwi imma li tkun għadek tista' titkellem.
- Jekk hu possibbli, agħmel eżerċizzju vigoruż għal iżjed saħħa tal-ġisem. Vigoruż ifisser li inti issa qieghed teżerċità f'livell li jġieghlek tonfoħ b'nifs maqtuġħ. Agħmel din it-tip ta' attività biss jekk it-tabib jgħidlek iva u qed timmaniġġja tajjeb l-eżerċizzji kurrenti.

### **What about Resistance Training?**

You should also aim to include some kind of weight or resistance training during the week. Resistance training means any exercise or activity where you use your body to lift something or to work against a weight, force or gravity. Resistance training is great for helping you to keep active and independent for longer and has additional benefits for people with diabetes.

Resistance training can:

- Improve the way your body uses and stores insulin
- Increases your muscle mass. This increases how much energy you burn which helps with weight loss/ management and improving blood glucose control
- Decrease your risk of falling and the risk of fractures
- Improve strength, power, balance and coordination.

### **How much resistance training do I need to be doing for good health?**

- Try to lift weights (e.g. cans of food, hand weights) two - three times a week
- Include exercises that target all of your large muscle groups including your arms and legs
- Aim to do each exercise eight - twelve times (repetitions), and perform two - three lots (sets) of each exercise
- Start at a light weight till you learn the correct technique. After you have mastered this weight, try lifting a heavier weight
- Ideally, aim to lift a weight that only allows you to do eight - twelve repetitions each time.



### **Precautions to take before initiating an exercise program:**

If you plan to start an exercise program for the first time, or you are doing something new, visit your doctor for medical clearance before you begin.

It is also important to understand how your medications work together with physical activity. Exercise works like insulin and lowers your blood glucose levels (sugar). In people who are taking insulin or some oral medications the combined effect with exercise can cause hypoglycemia. To avoid this, it is important to regularly test your blood glucose levels (sugars) before, sometimes during, immediately after and again a couple of hours after exercise, so you understand how your body responds to different activities. If you find that your blood glucose is falling too low, you may need to alter your diabetes medication or eat extra carbohydrates to account for this effect. However, consult with your doctor, diabetes educator or dietitian before making these changes.

There are also some times when you should avoid exercise; if your blood glucose levels (sugars) are above 15 mmol/L, if you are feeling unwell or lightheaded (dizzy) or if you are unsure how to perform an exercise correctly.

### **Most important!**

Enjoy the activities you chose. Be active in as many ways as you can, every day and remember you don't have to take it seriously, just regularly.

Always speak with your doctor before beginning a new physical activity program. If you require more guidance or advice about exercising with diabetes, speak with an accredited exercise physiologist.

### **Nista' nagħmel Taħriġ ta' Reżistenza?**

Inti għandek timmira wkoll li tinkludi xi għamla ta' taħriġ bil-piż jew reżistenza matul il-ġimgħa. Taħriġ ta' reżistenza jfisser kwalunkwe eżerċizzju jew attività fejn tkun tista' terfa' xi ħaġa jew tirreżista kontra xi piż, forza jew gravità. Taħriġ ta' reżistenza hu tajjeb ħafna biex iżommok attiv u independenti għal aktar tul ta' żmien u għandu benefiċċji oħrajn għal nies bid-dijabete.

Taħriġ ta' reżistenza jista':

- Itejjeb il-mod kif ġismek juża u jżomm l-insulina
- Iżidlek il-massa ta' muskoli. Dan iżid kemm enerġija inti taħraq li jgħin fit-telf tal-piż/immaniġġjar u jtejjeb il-kontroll tal-glukosju fid-demm
- Inaqaslek ir-riskju li taqa' u r-riskju li tikser xi għadam
- Itejjeb is-saħħa, il-forza, bilanċ u ko-ordinazzjoni.

### **Kemm taħriġ ta' reżistenza għandi bżonn nagħmel għal saħħti?**

- Ipprova erfa piżi (pereżempju landi tal-ikel, użin tal-idejn) tnejn jew tliet darbiet fil-ġimgħa
- Inkludi eżerċizzji li jimmiraw il-gruppi kbar ta' muskoli tiegħek kemm ta' dirgħajk u kemm ta' riglejtk
- Immira li tagħmel dawn l-eżerċizzji minn tmienja sa tnax il-darba (ripetizzjonijiet), u għamel tnejn jew tliet (settijiet) ta' kull eżerċizzju
- Ibda b'piż ħafif sakemm titgħallem it-teknika sewwa. Wara li tkun tgħallimt dan il-piż, ipprova erfa' piż tqil aktar
- Idealment, ipprova erfa' piż li tkun tista' tirrepetieh minn tmienja sa tnax il-darba.



### **Prekawzjonijiet li għandek tiegħu qabel tibda' program ta' eżerċizzji:**

Jekk qed tippjana programm ta' eżerċizzji għall-ewwel darba, jew qed tagħmel xi ħaġa ġdida, mur għand it-tabib tiegħek biex jagħtik iċ-ċertifikat li tkun tista' tagħmlu.

Hu ukoll importanti li tifhem kif il-medikazzjonijiet tiegħek jaħdmu flimkien mal-attivitajiet fizika. L-eżerċizzju jaħdem bħall-insulina u jniżżel il-livelli tal-glukosju (zokkor) f'demmek. F'nies li jiehdu l-insulina jew xi medikazzjoni orali meta dan jiġi kkombinat mal-eżerċizzju jista' jikkawża l-ipoglikimja. Biex tevita dan, hu importanti li tistessja regolarment il-livelli tal-glukosju (zokkor) fid-demm tiegħek qabel, xi kultant matul, immedjatament wara u ukoll sagħtejn wara l-eżerċizzju, biex issir tifhem kif ġismek jirrispondi għal attivitajiet differenti. Jekk issib li l-glukosju fid-demm tiegħek qed jinżel ħafna, jista' jkollok bżonn taltera l-medikazzjoni tad-dijabete tiegħek jew li tiekol aktar karboidrati biex tibbilanċja dan l-effett. Għaldaqstant, kellem lit-tabib, l-edukatur tad-dijabete jew l-ispeċjalist tad-dieta tiegħek qabel tagħmel dan it-tibdil.

Hemm xi drabi li jkun aħjar li inti tevita l-eżerċizzju; jekk il-livelli tal-glukosju (zokkor) tiegħek huma 'l fuq minn 15 mmol/L, jekk ma tħossokx tajjeb jew sturdut jew jekk mhintix żgur kif tagħmel dawn l-eżerċizzji tajjeb.

### **L-iktar importanti!**

Hu gost bl-attivitajiet li inti tagħżel. Kun attiv kemm tista' f'dak li tagħmel kuljum u ftakar li ma għandekx għalfejn tiegħodhom bis-serjetà, imma biss regolari.

Dejjem tkellem mat-tabib tiegħek qabel tibda programm ta' attività fizika. Jekk għandek bżonn aktar direzzjoni jew pariri dwar kif teżerċità bid-dijabete, tkellem ma' fizjologu tal-eżerċizzji.

# 11

## Oral Medications

Type 2 diabetes is a progressive disease. Even though you can be doing all the right things to manage your diabetes, it may be necessary to start medication to keep healthy blood glucose (sugar) levels.

### **When starting new medication you need to ask your doctor and pharmacist:**



- How many tablets you should take
- How often you should take your tablets
- What time of the day you should take your tablets - whether before food, with food or after food
- How your tablets work
- The side effects
- How your tablets affect or are affected by other medications you are taking.

Over time your medications may not work as well. For this reason it is recommended to have your medications reviewed by your doctor every year.

Your local pharmacist can also help you understand your medications.

Do not stop, decrease or increase your medication without first discussing it with your doctor or diabetes educator.

Do not share your medications with anyone else.

Certain diabetes medication can increase the risk of a low blood glucose level (hypoglycaemia). It is essential to know how to recognise and treat low blood glucose or hypoglycaemia. Ask your doctor, pharmacist or diabetes educator if this applies to you. If you are having frequent episodes of hypoglycaemia it is very important to speak with your family doctor or diabetes health care team.

### **Further assistance with your medications:**

#### **Home Medication Review:**

If you are taking five or more different medicines, talk to your doctor about arranging a home medication review by your local pharmacist.

#### **National Prescribing Service:**

For information over the phone regarding the expert use of any of your medications you can contact the National Prescribing Service consumer enquiry line "Medicines Line" on 1300 633 424.

# 11

## Medikazzjonijiet Orali

Id-dijabete tat-tip 2 hi marda progressiva. Anki jekk tkun qed tagħmel kolli tajjeb biex timmaniġġja d-dijabete tiegħek, jista' jsir neċessarju li tibda kors ta' medikazzjoni biex iżzomm livelli tajba tal-glukosju (zokkor) fid-demem tiegħek.

### **Meta tibda medikazzjoni ġdida jkollok bżonn tistaqsi t-tabib u l-ispizjar tiegħek:**



- Kemm pilloli għandek tiegħu
- Kull kemm żmien għandek tiegħu il-pilloli
- F'liema ħin tal-ġurnata għandek tiegħodhom – jekk hux qabel l-ikel, waqt l-ikel jew wara l-ikel.
- Kif jaħdmu dawn il-pilloli.
- X'effetti barranin ikollhom.
- Kif dawn il-pilloli jaffettwaw jew jiġu affettwati il-medikazzjonijiet oħra li tiegħu.

Maż-żmien il-medikazzjonijiet tiegħek jistgħu ma jaħdmux tajjeb. Għal din ir-raġuni hu rrokkomandat li t-tabib tiegħek jagħmillek rivista tal-medicini li tiegħu kull sena.

L-ispizjar tiegħek jista' jgħinek ukoll tifhem il-medikazzjonijiet tiegħek.

Twaqqafx, tnaqqasx jew iżzidx il-medikazzjoni tiegħek qabel l-ewwel tiddiskutija mat-tabib jew l-edukatur tiegħek.

Taqsamx il-medikazzjonijiet tiegħek ma' haddieħor.

Ċerta medikazzjoni tad-dijabete tista' tgħolli r-riskju ta' livell baxx tal-glukosju fid-demem (ipoglikimja). Hu essenzjali li tkun taf kif tagħraf dan u kif tirrimedja livell baxx tal-glukosju ipoglikimja. Saqsi lit-tabib, spizjar jew edukatur tad-dijabete jekk dan japplikax għalik.

Jekk inti qed jaqbdok episodji tal-ipoglikimja sikwit hu importanti li tkellem lit-tabib tal-familja tiegħek jew lit-tim tal-kura tas-saħħa tiegħek.

### **Iktar għajnuna dwar il-medikazzjoni li tiegħu:**

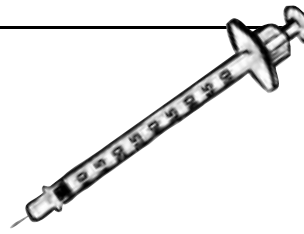
#### **Rivista tal-Medikazzjoni fid-Dar:**

Jekk inti qed tiegħu ħames jew aktar medicini differenti, kellem lit-tabib tiegħek dwar kif jista' jirrangalek rivista tal-medikazzjoni fid-dar mill-ispizjar tal-lokal tiegħek.

#### **Servizz Nazzjonali tal-Prekrizzjoni:**

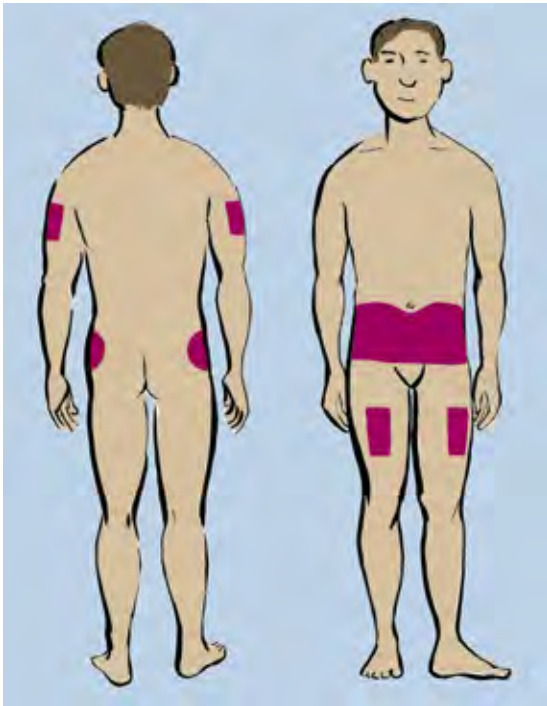
Għal aktar informazzjoni bit-telefon rigward l-użu espert ta' kwalunkwe wieħed mill-medikazzjonijiet li tiegħu inti tista' tikkuntattja lin-National Prescribing Service linja ta' informazzjoni għall-konsumatur Medicines Line fuq 1300 633 424.

# 12 Insulin



The pancreas is a part of the body situated behind the stomach that produces a hormone called insulin.

Without insulin, the cells in our bodies would not be able to use the glucose (sugar) to provide energy.



In type 1 diabetes the pancreas does not make any insulin and glucose levels build up in the blood. Insulin by injection or by insulin pump is required for life. A person with type 2 diabetes or gestational diabetes may also require insulin to keep their blood glucose levels within the recommended range.

Your doctor may decide that insulin is needed as well as oral medications, or that insulin may be better than oral medications. This does not mean that you have failed in your diabetes management. It has been decided that insulin is necessary to maintain good diabetes management.

All insulins lower blood glucose levels. Low blood glucose or hypoglycaemia can be a side effect of insulin treatment. It is essential to know how to recognise and treat low blood glucose or a hypoglycaemic episode.

There are many types of insulins available, you and your doctor will discuss which is right for you. If you have any questions or concerns about starting on insulin you can also contact your diabetes educator.

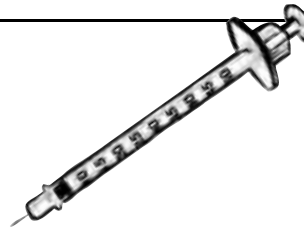
### **Key points to know are:**

- Type and amount of insulin to be used
- Time to take your insulin and when to eat
- The time your insulin has its greatest effect and how long it stays in your body
- When to test your blood glucose (sugar) level
- When to contact your doctor or diabetes health care team.

**Tell your doctor or diabetes educator of any changes in your lifestyle, working hours, physical activity or meal times. They will advise you if you need to change your insulin treatment .**



# 12 Insulina

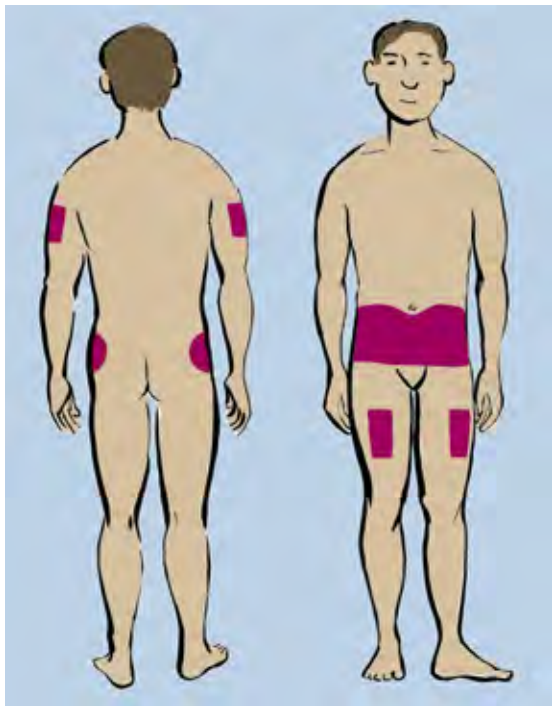


Il-pankreas hija parti mill-ġisem li tinsab wara l-istonku u li tipproduċi ormonu jissejjaħ insulina.

Mingħajr l-insulina, iċ-ċelloli tal-ġisem tagħna ma jkunux jistgħu jużaw il-glukosju (zokkor) biex jipprovdi l-enerġija.

Fid-dijabete ta' tip 1 il-pankreas ma tagħmel l-ebda insulina u l-livelli tal-glukosju jingemgħu

fid-demm. L-insulina bl-injezzjoni jew pompa tal-insulina tkun irrikjeduta għal tul il-ħajja ta' bniedem. Persuna bid-dijabete ta' tip 2 jew dijabete ta' tip 1 tista' tirrikjedi l-insulina biex iżomm il-livelli tal-glukosju fid-demm tagħhom fil-medja rakkomandata.



It-tabib tiegħek jista' jiddeċiedi li jkollok bżonn tiegħu l-insulina flimkien mal-mediċina orali, jew li l-insulina tista' tkun aħjar mill-mediċina orali. Dan ma jfissirx li inti fallejt fl-immaniġġjar tad-dijabete tiegħek. Kien iddeċidut biss li l-insulina hi neċessarja biex iżzomm il-maniġġjar tad-dijabete tajjeb.

L-insulini kollha jnaqqsu l-livelli tal-glukosju fid-demm. Glukosju fid-demm baxx jew ipoglikimja jistgħu jkunu effett tal-kura tal-insulina. Hu essenzjali li tkun taf tagħraf u tikkura il-glukosju fid-demm baxx jew xi episodju tal-ipoglikimja.

Hemm ħafna tipi ta' insulina disponibbli u int u t-tabib tiegħek tiddiskutu liema hi l-aħjar għalik. Jekk għandek mistoqsijiet jew int ikkonċernat dwar kif tibda bl-insulina inti tista' tikkontattja l-edukatur tad-dijabete tiegħek.

### ***Punti importanti li għandek tkun taf huma:***

- It-tip u l-ammont ta' insulina li ser tintuża
- Il-ħin li tiegħu l-insulina u x'ħin tiekol.
- Il-ħin li l-insulina għandha l-akbar effett u kemm iddum f'ġismek.
- Meta għandek tittestja l-livelli tal-glukosju (zokkor) fid-demm tiegħek.
- Meta għandek tikkontattja t-tabib jew it-tim tal-kura tas-saħħa tad-dijabete.

**Għid lit-tabib jew l-edukatur tad-dijabete tiegħek dwar xi tibdil fl-istil ta' ħajja tiegħek, ħinijiet tax-xogħol, attività fiżika jew ħinijiet tal-ikel. Dawn javżawk jekk ikollokx bżonn tibdel il-kura tiegħek tal-insulina.**

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## Sharps disposal

### What are “community sharps”?

Community sharps are medical devices that penetrate the skin and are used in the home.

They include:

- Needles – used to give injections, draw blood or insert insulin pump tubing
- Syringes (even if needle removed)
- Pen needles for insulin pens
- Blood glucose or finger pricker lancets.

Your used sharps must be secured in a strong puncture resistant container, Australian Standard Sharps containers (available from the Diabetes NSW & ACT and some pharmacies) or a puncture resistant plastic container with a screw top lid are suitable.

Sharps must NOT be placed in any rubbish or recycling bins.

### How do I dispose of my community sharps?

Place sharps in an appropriate container. Dispose of containers only into community sharps disposal facilities found at:

- Public hospitals
- Participating pharmacies
- Community sharps disposal bins
- Needle and syringe program outlets.

For a list of sharps disposal facilities in your area contact your local council or phone the Diabetes NSW & ACT on 1300 342 238.



## Rimi tal-labar

### X'inhuma community sharps?

Community sharps huma strumenti li jippenetraw il-ġilda u huma użati fid-dar.

Dawn jinkludu:

- Labar – użati għall-injezzjoni, biex toħroġ id-demem jew biex iddaħħal il-pompa tal-insulina
- Siringi (anki jekk il-labra tneħħiet)
- Labar tal-pinna għal-pinen tal-insulina
- Labar tal-glukosju tad-demem jew dawk li ttaqqab subgħajk.

Il-labar użati tiegħek iridu jkunu ssigurati f'reċipjent b'saħħtu, reċipjenti tal-Australian Standard Sharps (disponibbli mill-Diabetes NSW & ACT u xi spiżeriji) jew xi reċipjent kwalunkwe tal-plastik li ma jinfaqax u jinqafu b'tapp huma wkoll tajbin.



Dawn il-labar MA GĦANDOMX jithallew fil-bins taż-żibel jew riċiklaġġ.

### Kif nista' narmi dawn il-labar?

Poġġi dawn il-labar f'reċipjent proprju. Armi dawn il-labar f'reċipjenti apposta tal-komunità li jinsabu f'faċilitajiet bħal:

- Sptarjiet pubbliċi
- Spiżeriji li jippartecipaw f'dan
- Bins għar-rimi tal-labar tal-komunità
- Postijiet apposta li jappartenu fil-programm għar-rimi tal-labar u siringi.

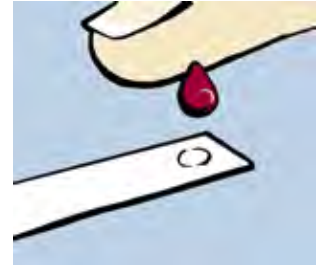
Għal-lista ta' postijiet b'faċilita ta' rimi tal-labar fejn toqgħod ikkuntattja lill-kunsill lokali jew ċempel l-Diabetes NSW & ACT fuq 1300 342 238.

# 13

## Blood Glucose (Sugar) Monitoring

Monitoring blood glucose levels is important to help you manage your diabetes. Self blood glucose testing is a way of measuring how much glucose is in your blood.

A drop of blood is obtained by pricking the finger with a needle called a lancet. The blood is applied to a test strip, and inserted into a blood glucose machine (meter). The blood glucose (sugar) level is then displayed.



There are many types of meters available. Ask your doctor or diabetes educator which meter suits you. You will also need to be shown how to use your meter.

### **Why you should monitor your blood glucose (sugar) level**

Blood glucose levels respond to food, particularly carbohydrates. Other factors like physical activity, diabetes medication, changes in your daily routine, stress and illness will also cause blood glucose levels to go up or down.

Visits to a doctor or health professional may be weeks or months apart. It is important to know and understand the readings/blood glucose levels and make some self-management decisions in between doctors visits.



The benefits of using a meter include:

- Seeing if your blood glucose level is too high or too low
- Gives you a picture of your day to day diabetes management
- Shows you whether your blood glucose levels are within your recommended target range
- Shows you the effects of food, physical activity and medication on your blood glucose (sugar) level
- Gives you confidence to self-manage your diabetes.

This gives you and your diabetes health care team the information needed to help you manage your diabetes.

### **When you should monitor your blood glucose (sugar) level**

Blood glucose monitoring is usually done before meals or two hours after the start of a main meal. Ask your doctor or diabetes educator for advice on when and how often you need to check your blood glucose level.

It is safe practice to check your blood glucose level before driving and on long journeys, especially for those people who are at risk of hypoglycaemia.

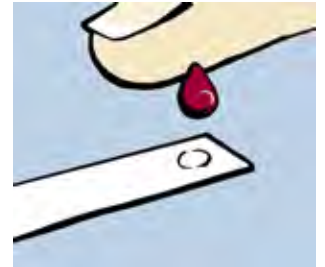
Monitor your blood glucose level more often:

- If you are sick
- When adjusting tablets or insulin doses
- When blood glucose levels are high -for example over 15 mmol/L
- After exercise
- After alcohol intake.

# 13

## Irrekordjar tal-Glukosju (Zokkor) fid-Demm

L-irrekordjar tal-livelli tal-glukosju fid-demm hu importanti biex jgħinek timmaniġġja d-dijabete tiegħek. L-ittestjar tal-glukosju hu metodu kif tkejjel kemm hemm glukosju fid-demm tiegħek. Tohoġ qatra demm billi ttaqqab subgħajk b'labra li jsejnhula lancet. Id-demm jitwaħħal ma' test strip, li tiddaħħal ġewwa magna tal-glukosju fid-demm (meter). Il-livell tal-glukosju (zokkor) fid-demm imbagħad jintwera.



Hemm ħafna tipi ta' meters għad-dispożizzjoni tiegħek. Saqsi lit-tabib jew edukatur tad-dijabete tiegħek liema hu l-aħjar meter għalik. Inti jkollok bżonn tiġi muri kif tużah.

### Għaliex għandek tirrekordja l-livelli tal-glukosju (zokkor) fid-demm tiegħek

Il-livelli tal-glukosju fid-demm jirriflettu l-ikel, partikularment il-karboidrati. Fatturi oħra bħal attività fiżika, medikazzjoni tad-dijabete, tibdil fir-rutina ta' kuljum tiegħek, stress u mard iġġheli l-livelli tal-glukosju fid-demm li jmorru l-isfel jew il-fuq. Visti għand it-tabib jew xi ħaddiem professjonali tas-saħħa jistgħu jkunu mbegħedin b'xhur. Hu importanti li tkun taf u tifhem il-qari tal-livelli tal-glukosju fid-demm u inti tagħmel xi deċiżjonijiet fl-immaniġġjar bejn dawn il-visti.

Il-benefiċċji li tuża meter jinkludu:



- Tara li l-livelli tal-glukosju fid-demm humiex għoljin jew baxxi.
- Tiegħu stampa tal-immaniġġjar tad-dijabete tiegħek minn ġurnata għall-oħra
- Juruk jekk il-livelli tal-glukosju fid-demm tiegħek humiex fil-mira tal-medja rakkomandata
- Juruk l-effett tal-ikel, attività fiżika u medikazzjoni fuq il-livelli tal-glukosju (zokkor) fid-demm tiegħek
- Jagħtuk konfidenza biex inti stess timmaniġġja id-dijabete tiegħek.

Dan jagħti lilek u t-tim tal-kura tad-dijabete tiegħek l-informazzjoni meħtieġa biex tgħin ruħek timmaniġġja d-dijabete tiegħek.

### Meta hu suppost li inti tirrekordja l-livelli tal-glukosju (zokkor) fid-demm tiegħek

L-irrekordjar tal-glukosju fid-demm normalment isir qabel l-ikel jew sagħtejn wara l-bidu ta' ikla prinċipali. Saqsi lit-tabib jew edukatur tad-dijabete tiegħek għal parir dwar meta u kemm-il darba għandek tiċċekkja l-livelli tal-glukosju fid-demm tiegħek.

Hi drawwa tajba li tiċċekkja l-livelli tal-glukosju tiegħek qabel issuq u f'xi vjaġġ twil, speċjalment għal dawk in-nies b'riskju ta' ipoglikimja.

Irrekordja il-livell tal-glukosju fid-demm tiegħek aktar sikwit:

- Jekk int marid
- Meta tbiddel l-pilloli jew id-doża tal-insulina
- Meta l-livelli tal-glukosju huma għoljin – pereżempju 'l fuq minn 15 mmol/L
- Wara xi eżerċizzju
- Wara li tixrob l-alkoħol.

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### **What my blood glucose levels should be?**

For most people with type 2 diabetes the recommended range for blood glucose levels is 6 to 8 mmol/L fasting/before meals and 6 to 10 mmol/L two hours after the start of a main meal.

**Your doctor will advise you on what blood glucose level will be best for you.**

### **The Glycated Haemoglobin (HbA1c) Blood Test**

Blood glucose monitoring with a meter gives you a picture of your day to day diabetes management. There is another important blood test called glycosylated haemoglobin – more commonly known as HbA1c. This blood test gives you a picture of your blood glucose control over the last two to three months and is arranged by your doctor.

The generally recommended HbA1c target level in people with type 2 diabetes is 7% or less. Your HbA1c should be checked at least every 6 months.

If your HbA1c is greater than 7% it should be checked every three months. You will need to speak to your diabetes health care team about your diabetes management goals and possible changes to your diabetes management and treatment.

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### **X'livelli suppost ikolli tal-glukosju fid-demm**

Għal nies bit-tip 2 tad-dijabete il-livelli rrakomandati tal-glukosju fid-demm suppost li jkunu fil-medja ta' minn 6 sa 8 mmol/L sawm/qabel l-ikel u 6 sa 10 mmol/L sagħtejn wara xi ikla prinċipali.

**It-tabib tiegħek jgħidlek liema livell tal-glukosju fid-demm ikun l-aħjar għalik.**

### **Il-Glycated Haemoglobin (HbA1c) Blood Test**

L-irrekordjar tal-glukosju fid-demm b'meter jagħtik stampa tal-immaniġġjar tad-dijabete tiegħek minn ġurnata għall-oħra. Hemm testjar importanti ieħor tad-demm li jsejnhulu glycosylated haemoglobin – li aktar komuni jsibuħ bħala HbA1c. Dan it-test jagħtik stampa tal-kontroll tal-glukosju fid-demm tiegħek fuq l-aħħar xagħrejn jew tliet xhur u jirranġa għalih it-tabib tiegħek.

Ġeneralment il-mira rakkomandata tal-HbA1c għal nies bid-dijabete tat-tip 2 hi 7% jew inqas.

L-HbA1c tiegħek suppost li tiġi ċċekkjata kull 6 xhur.

Jekk l-HbA1c hi aktar minn 7% għandha tiġi ċċekkjata kull tlett xhur. Inti jkollok bżonn titkellem mat-tim tal-kura tas-saħħa tad-dijabete tiegħek dwar il-miri fl-immaniġġjar tad-dijabete tiegħek u xi tibdil possibbli fl-immaniġġjar u kura tad-dijabete tiegħek.

# 14 Short Term Complications – Hypoglycaemia

## **Hypoglycaemia (low blood glucose levels)**

Hypoglycaemia is when the blood glucose (sugar) level drops below 4 mmol/L. It can happen very quickly.

Hypoglycaemia can occur in people who take certain oral diabetes medication or use insulin.

### **Ask your doctor or health care team if this applies to you.**

It is essential to know how to recognise the signs and symptoms of having low blood glucose (sugar) and how to treat it.



### **Blood glucose levels can be low because of:**

- Delayed or missed meals
- Not enough carbohydrate in the meal
- Extra activity or more strenuous activity
- Too much diabetes medication
- Alcohol.

### **Signs and Symptoms**

These can vary from person to person and may include:

- Dizziness/light headedness
- Sweating
- Headache
- Weakness, shaking
- Tingling around the lips and fingers
- Hunger
- Mood changes, irritable/tearful
- Confusion/lack of concentration.

If you feel any of these signs and symptoms, test your blood glucose level if possible.

### **Treatment for low blood glucose levels (hypos) in a person who is conscious, cooperative and able to swallow.**

#### **If you are unable to test, treat anyway.**

#### **Treatment for low blood glucose levels (Hypos)**

##### **Step 1**

##### **Take quickly absorbed carbohydrate such as:**

- Half a glass of juice OR
- 6 to 7 jellybeans OR
- Half a can of regular (not diet) soft drink OR
- 3 teaspoons of sugar OR honey.

Retest the blood glucose level after 10 - 15 minutes.

If still below 4 mmol/L repeat Step 1.



# 14 Komplikazzjonijiet Qosra – Ipoglikimja

## **Ipoglikimja (livelli baxxi ta' glukosju fid-demm)**

Ipoglikimja hi meta l-glukosju (zokkor) fid-demm jaqa 'l isfel minn 4 mmol/L. Dan jista' jgħri malajr.

Ipoglikimja tista' taqbad lin-nies li jieħdu ċerti medikazzjonijiet orali jew jużaw l-insulina.

## **Saqsi lit-tabib tiegħek jew lit-tim tal-kura tiegħek jekk dan japplikax għalik.**

Hu essenzjali li tkun taf kif tagħraf is-sinjali u s-sintomi tal-glukosju (zokkor) fid-demm baxx u kif tikkurhom.



## **Il-livelli tal-glukosju fid-demm jitbaxxew għaliex:**

- Ikun hemm dewmien jew nuqqas ta' ikel
- Mhux biżżejjed karboidrat fl-ikel
- Attività żejda jew attività iktar sfrenata
- Tieħu żżejjed insulina jew medikazzjoni tad-dijabete
- Alkoħol.

## **Sinjali u sintomi**

Dawn jistgħu jvarjaw minn persuna għal oħra u jistgħu jinkludu:

- Sturdament / ras ħafifa
- Għaraq
- Uġiġħ ta' ras
- Telqa, rogħda
- Tnemnim fix-xuftejn u s-swaba
- Ġuħ
- Tibdil fil-buri, irritabbli/tal-biki
- Konfużjoni/nuqqas ta' koncentrazzjoni.

Jekk inti tħoss xi wħud minn dawn is-sinjali jew sintomi, jekk hu possibbli ttestja l-livell tal-glukosju fid-demm tiegħek.

## **Jekk ma tistax tittestja, ikkura.**

## **Kif tikkura l-livelli tal-glukosju fid-demm (Ipoglikimja) (Hypos)**

### **1 Pass**

#### ***Ħu malajr karboidrati assorbiti bħal:***

- Nofs tazza meraq tal-frott JEW
- 6 sa 7 jellybeans JEW
- Nofs bott ta' soft drink regolari (mhux tad-diet) JEW
- 3 kuċċarini zokkor JEW għasel

Erga ttestja l-livelli tal-glukosju wara 10 - 15 il-minuta.

Jekk tkun għadek taħt-il 4 mmol/L irrepeti 1 Pass.

## Step 2

If your next meal is more than 20 minutes away, follow up with more slowly absorbed carbohydrate such as:

- 2 plain biscuits e.g. 2 Arrowroot or 2 milk coffee biscuits OR
- 1 slice of bread OR
- 1 glass of milk or soy milk OR
- 1 piece of fruit
- 1 tub of low fat yoghurt.

If not treated the blood glucose levels can continue to drop, resulting in:

- Loss of coordination
- Confusion
- Slurred speech
- Loss of consciousness/fitting.

## **THIS IS AN EMERGENCY !!**

### **Instructions for the person present during this emergency:**

#### **If the person having a hypo is unconscious they must not be given anything by mouth.**

- Place the person in the 'recovery position' or on their side
- Make sure the airway is clear
- Ring 000 or if using a mobile ring 112 for an ambulance stating "diabetic emergency"
- An unconscious person must NOT be left alone
- If you are able and trained, give a Glucagon injection



#### **Important points for the person at risk of hypoglycaemia**

- Always carry 'hypo' food with you if you are on insulin or at risk of hypoglycaemia. Ask your doctor if this applies to you
- Carry identification to say you have diabetes
- Test before driving, before and after exercising and after alcohol intake.



## 2 Pass

Jekk l-ikla li tmiss tkun aktar minn 20 minuta 'l bogħod, kompli kul aktar bil-moġħod karboidrati assorbiti bħal:

- Żewġ gallettini komuni bħal pereżempju 2 Arrowroot jew 2 Milk Coffee JEW
- 1 kiswa ħobż JEW
- 1 tazza ħalib jew soy milk JEW
- 1 biċċa frott
- 1 tub ta' low fat yoghurt.

Jekk ma tiegħu ħsieb il-livelli tal-glukosju jistgħu jibqgħu niżlin, li jirriżulta f':

- Telf ta' ko-ordinazzjoni
- Konfużjoni
- Kliem mhux ċar
- Telf ta' sensi/enerġija.

## **DIN HI EMERĠENZA!!**

**Tagħrif għall-persuna preżenti waqt din l-emerġenza:**

**Il-persuna li għanda hypo u mitlufa minn sensija ma għanda tiġi mogħtija xejn oralment.**

- Poġġi l-persuna fir-'recovery position' fuq ġemb wieħed
- Kun żgur li l-grizmejn ma jkunux imblokkati
- Ċempel 000 jew jekk qed tuża mobile ċempel 112 għall-ambulanza u għid "diabetic emergency"
- Persuna mhix f'sensija MA GĦANDIEX titħalla weħida
- Jekk taf u int imħarreg, agħti injezzjoni tal-Glucagon.



**Punti importanti għall-persuna fir-riskju ta' ipoglikimja (hypo)**

- Dejjem żomm ikel tal-hypo miegħek jekk inti tiegħu l-insulina jew fir-riskju tal-ipoglikimja. Saqsi lit-tabib tiegħek jekk dan japplikax għalik
- Żomm identifikazzjoni fuqek li tgħid li inti tbatid-dijabete
- Ittestja qabel issuq, qabel u wara l-eżerċizzju u wara x-xorb tal-alkoħol.



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# 15 Short term complications – high blood glucose (sugar) level (hyperglycaemia, DKA, HONK/HHS, and sick days)

**Hyperglycaemia** or high blood glucose levels is when the blood glucose (sugar) levels are much higher than recommended – above 15mmol/L.

Blood glucose levels go high because of:

- Eating too much carbohydrate
- Not taking enough insulin or oral diabetes medications
- Sickness or infection
- Emotional, physical or mental stress
- Certain tablets or medicines, (including cortisone or steroids)
- A problem with your blood glucose meter, strips or testing technique
- Lumps present at the injection site (if on insulin)
- Fingers not clean when testing your blood
- Testing too soon after eating. (Check your blood glucose two hours after the start of a main meal).

## Signs and Symptoms

You may feel:

- Tired
- Thirsty
- Pass urine more frequently
- Blurred vision
- Generally unwell.

If feeling unwell

- Test your blood glucose levels more often: at least every 2 – 4 hours
- Drink fluids and continue to eat normally if possible
- Treat the cause of the illness
- Tell someone and have them check on you.

Test for ketones if advised to do so by your doctor.

## When do I need to call my doctor?

Contact your doctor for advice during illness if:

- You can't eat normally
- You are not well enough to monitor your blood glucose levels
- Your blood glucose level is higher than 15 mmol/L for more than 12 hours
- Vomiting or diarrhoea continues for more than 12 hours
- You continue to feel unwell or become drowsy.

**It is important to have a written sick day management plan prepared before you get sick or unwell. Talk to your diabetes health care team to arrange this.**

## Ketone Testing and Diabetic Ketoacidosis (DKA)

Ketones are chemicals in the blood which are produced from the breakdown of fat. If the body has no insulin present, glucose (sugar) can't be used for energy. Therefore the body makes ketones to provide a different source of energy. This may occur due to poor control of diabetes, not enough insulin or missed insulin doses, illness or infection.

# 15 **Komplikazzjonijiet ta' qasir żmien – livelli għolja ta' glukosju (zokkor) fid-dem (iperglicemija, DKA, HONK/HHS) u granet ta' mard**

Iperglicemija jew livelli għolja ta' glukosju fid-dem ikun meta l-glukosju (zokkor) fid-dem ikunu **ogħla minn daww rakkomandati** – 'l fuq minn 15 mmol/L.

Il-livelli tal-glukosju fid-dem jgħolew għaliex:

- Tiekol ħafna karboidrat
- Ma tiegħux biżżejjed insulina jew medikazzjonijiet tad-dijabete orali
- Mard jew infezzjoni
- Tensjoni emozzjonali, fiżika jew mentali
- Ċerti pilloli jew mediċini, (li jinkludu l-kortison jew steroidi)
- Problemi fil-meter li tittestja l-glukosju, 'l strips jew kif tittestja
- Nefha fejn tiegħu l-injezzjoni (jekk tiegħu l-insulina)
- Swaba mhux nodfa meta tittestja d-dem
- Tittestja kmieni wara li tiekol. (Icċekkja l-glukosju fid-dem tiegħek sagħtejn wara li tkun bdejt tiekol).

## **Sinjali u sintomi**

Inti tista' tħossok:

- Għajjen
- Bil-għatx
- Tballat l-awrina aktar sikwit
- Viżjoni mċajpra
- Ġeneralment tħossok ma tiflaħx.

Jekk tħossok ma tiflaħx

- Ittestja l-livelli tal-glukosju fid-dem tiegħek aktar sikwit: mill-anqas kull 2 – 4 siegħat
- Ixrob il-fluwidi u kompli kul normali jekk hu possibbli
- Ikkura l-kawża tal-marda
- Għid lil xi ħadd biex iżomm għajnejh fuqek.

Ittestja għall-ketones jekk it-tabib jgħidlek biex tagħmel dan.

## **Meta għandi nitkellem mat-tabib?**

Ikkuntattja lit-tabib tiegħek għal parir meta marid jekk:

- Inti ma tistax tiekol normali
- Ma tħossokx tajjeb biex tittestja l-livelli tal-glukosju
- Il-livell tal-glukosju tiegħek hu ogħla minn 15 mmol/L u għal aktar minn 12-il siegħa
- L-irremettar u dijareja jibqgħu għal-aktar minn 12-il siegħa
- Tibqa' tħossok ma tiflaħx jew tħossok stordut.

**Hu importanti li jkollok pjan ta' manigġjar tal-granet meta tkun marid ippreparat qabel ma tkun marid jew ma tiflaħx. Kellem lit-tim tal-kura tas-saħħa tad-dijabete tiegħek dwar dan.**

## **Testjar tal-Ketone u Diabetic Ketoacidosis (DKA)**

Ketones huma kimiċi fid-dem li jġu pproduċuti meta x-xaħam jitkisser. Jekk fil-ġisem ma jkunx hemm insulina preżenti, il-glukosju (zokkor) ma jistax jinbidel f'enerġija.

Għalhekk il-ġisem joħloq il-ketones biex jipprovdu sorsi differenti ta' enerġija. Dan jista' jsir

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A build up of ketones can lead to a condition called ketoacidosis, requiring urgent medical attention. Diabetic ketoacidosis (DKA) is a life threatening condition that usually only occurs in people with type 1 diabetes. It causes dehydration and a buildup of acids in the blood. This results in vomiting and increased drowsiness.

### **DKA IS AN EMERGENCY AND REQUIRES URGENT MEDICAL ATTENTION**

**In very rare cases ketoacidosis can occur in people with type 2 diabetes and is usually caused by a serious infection.**

With type 2 diabetes it is not usually necessary to test for ketones. Discuss with your diabetes health care team if you need to check for ketones.



There are two methods of testing for ketones – testing urine and testing blood:

#### **Urine Ketone Test**

Urine test strips are available to check for ketones. Ask your pharmacist about the types of urine ketone strips available and carefully follow the directions for testing. Urine ketone tests must be timed exactly using a watch or clock with a secondhand.

#### **Blood Ketone Test meter**

There are meters available to test blood for ketones. The same drop of blood to be tested for glucose can be used to test for ketones. Different test strips are used for testing glucose and ketones. Ketone test strips are not subsidised by the National Diabetes Services Scheme at present.

#### **Seek URGENT medical attention if:**

- The urine ketone test shows medium or high levels of urine ketones.
- The blood ketone test result is higher than 0.6 mmol/L.

### **Hyperosmolar Hyperglycaemic Syndrome (HHS) - previously known as Hyper Osmolar Non Ketotic coma (HONK)**

**HHS** is a complication of type 2 diabetes that involves extremely high blood glucose (sugar) levels without the presence of ketones. This medical emergency occurs in anyone with type 2 diabetes, regardless of treatment.

When blood glucose levels are very high, the body tries to get rid of the excess glucose (sugar) in the urine. This significantly increases the amount of urine and often leads to dehydration so severe that it can cause seizures, coma and even death.

#### **The main causes of HHS/ HONK are:**

- Undiagnosed type 2 diabetes
- A current illness or infection e.g. pneumonia and urinary tract infection
- Other major illnesses e.g. stroke, heart attack
- Persistent physical or emotional stress
- Certain medication. This is another reason you need to talk to your diabetes health care team about the medications you are taking.

#### **Signs and Symptoms include:**

- Severe dehydration
- Shock
- Changes in consciousness
- Coma.

**HHS/HONK requires URGENT medical attention.**

għaliex ikun hemm kontroll f'jakk tad-dijabete, mhux biżżejjed insulina jew dożi maqbuża, mard jew infezzjoni.

L-akkumulazzjoni ta' ketones jista' jwassal għal kondizzjoni li jsejnhula ketoacidosis, li tirrikjedi attenzjoni medika urġenti. Diabetic ketoacidosis (DKA) hija kondizzjoni li biha tista' tmut normalment issibha f'nies bid-dijabete tat-tip 1. Tikkawża t-telf tal-ilma fil-ġisem u takkumula l-aċidi fid-demm. Dan jirriżulta f'remettar u sturdament.

## **DKA HI EMERĠENZA U TIRRIKJEDI ATTEZZJONI MEDIKA URĠENTI**

### **F'każi rari ketoacidosis tista' ssibha f'nies bid-dijabete tat-tip 2 u normalment tkun il-kawża ta' xi infezzjoni serja.**

Fid-dijabete tat-tip 2 ma jkunx hemm neċessita ta' testjar għall-ketones. Iddiskuti dan mat-tim tal-kura tad-dijabete tiegħek jekk ikkollokx b'zonn tiċċekkja għall-ketones.



Hemm żewġ metodi ta' testjar tal-ketones – testjar tal-awrina u testjar tad-demm:

#### **Testjar tal-Awrina għall-Ketone**

Test strips tal-awrina huma disponibbli biex tiċċekkja għall-ketones. Saqsi lill-ispizjar dwar it-tipi ta' test strips tal-awrina li hemm disponibbli għall-ketone u b'attenzjoni segwi d-direzzjonijiet kif tittestja. It-testijiet tal-awrina għall-ketone jridu jittiehdu eżatti bil-ħin bl'użu tas-sekondiera tal-arloġġ.

#### **Testjar tad-demm għall-Ketone bil-meter**

Hemm meters disponibbli biex tittestja d-demm għall-ketones. L-istess qatra ta' demm li tiġi użata għall-ittestjar tal-glukosju tista' tiġi użata għall-ketones. Strips differenti jridu jintużaw biex tittestja l-glukosju u l-ketones. It-test strips tal-ketones fil-preżent ma humiex issussidjati min-[National Diabetes Services Scheme](#).

#### **Fittex attenzjoni medika URĠENTI jekk:**

- It-test tal-awrina għall-ketone juri livelli medji jew livelli għolja għall-ketones.
- It-test tad-demm għall-ketone juri riżultat ogħla minn 0.6 mmol/L.

### **Hyperosmolar Hyperglycaemic Syndrome (HHS) – li fil-passat kien magħruf bħala Hyper Osmolar Non Ketotic coma (HONK)**

**HHS** hija komplikazzjoni tad-dijabete tat-tip 2 li tinvolvi livelli għoljin ħafna tal-glukosju (zokkor) fid-demm mingħajr il-preżenza tal-ketones. Din l-emerġenza medika tiġri lil dawk li għandhom id-dijabete tat-tip 2, bla rispett tal-kura użata.

Meta l-livelli tal-glukosju fid-demm ikunu għoljin ħafna, il-ġisem jipprova jneħħi il-glukosju (zokkor) żejjed fl-awrina. Dan sinjifikament ikabbar l-ammont tal-awrina li tbattal u fil-biċċa l-kbira jwassal għal telf ta' ilma tant serju (deidratazzjoni) li jista' jikkawża attakk ta' puplesija, koma u anki mewt.

#### **Il-kawżi prinċipali tal-HHS/HONK huma:**

- Meta għada ma nġhatatx djanjosi tat-tip 2
- Marda kurrenti jew infezzjoni pereżempju pnemmonja u urinary tract infection
- Mard ieħor maġġuri pereżempju puplesija, attakk tal-qalb
- Tensjoni persistenti fiżika jew emozzjonali
- Ċerti medikazzjonijiet. Din hi raġuni oħra biex tkellem lit-tim tal-kura tad-dijabete tiegħek dwar medikazzjoni li qiegħed tiegħu.

#### **Sinjali u Sintomi jinkludu:**

- Telf serju ta' ilma (deidratazzjoni)
- Xokk
- Ħass ħażin
- Koma.

### **HHS/HONK tirrikjedi attenzjoni medika URĠENTI.**

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# 16 Chronic complications

Blood glucose (sugar) levels that remain high for long periods of time can cause diabetes related complications such as eye disease, kidney disease, nerve damage as well as heart disease and circulation problems. High blood glucose levels also increase the risk of infection and slow down recovery from infection. For these reasons it is very important that you try and keep your blood glucose levels within the ranges recommended by your doctor or diabetes health care team.

## **Diabetes and eye disease:**

Damage can occur to the back of the eye (retina) where there are very fine blood vessels important for vision. This is called diabetic retinopathy. The development of retinopathy is strongly related to how long you have had diabetes and how well the blood glucose levels have been controlled.

High blood pressure, high cholesterol levels and kidney failure can also affect the severity of diabetic retinopathy.

Vision loss or blindness is preventable through early detection and treatment. The treatment for diabetic retinopathy can be laser therapy or surgery.

Glaucoma and cataracts can occur at an earlier age and more often in people with diabetes. Cataracts affect the eye's lens causing it to become cloudy with a loss of vision. The treatment for cataracts is surgery.

Glaucoma occurs when the pressure inside the eye becomes very high, causing damage to the optic nerve. The treatment for glaucoma can be eye drops, laser therapy or surgery.

## **Diabetes and kidney disease:**

Your kidneys help to clean your blood. They remove waste from the blood and pass it out of the body as urine.

Over time diabetes can cause damage to the kidneys. If the kidneys fail to work properly, waste products stay in the body, fluids build up and the chemical balance is upset. This is called diabetic nephropathy.

You will not notice damage to your kidneys until it's quite advanced, however early signs of kidney problems can be detected through a urine test.

Finding out about early kidney damage is simple and painless and should be checked every year from the time of diagnosis of diabetes. Treatment at this time can prevent further damage.

In severe kidney disease dialysis treatment or a kidney transplant may be needed.

People with diabetes are also at increased risk of infection of the bladder, kidneys and urinary tract.

The good news is that the risk of developing kidney problems can be reduced by: stopping smoking if you smoke, managing your blood glucose levels, having regular kidney and blood pressure checks and leading a healthy lifestyle.



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# 16 **Komplikazzjonijiet Kroniċi**

Livelli tal-glukosju (zokkor) fid-demmm li jibqgħu għoljin għal perjodi twal jistgħu jikkawżaw komplikazzjonijiet tad-dijabete bħal mard tal-għajnejn, mard tal-kliewi, ħsara fin-nervituri kif ukoll mard tal-qalb u problemi fiċ-ċirkolazzjoni. Livelli tal-glukosju fid-demmm jgħollu wkoll ir-riskju ta' infezzjoni u jtawwlu ż-żmien ta' fejqan mill-infezzjoni. Għal dawn ir-raġunijiet hu importanti ħafna li inti tipprova u żżomm il-livelli tal-glukosju tiegħek fil-medji rrakkomandati mit-tabib u t-tim tal-kura tad-dijabete tiegħek.

## **Id-dijabete u l-mard tal-għajnejn:**

Tista' ssir ħsara lin-naħa ta' wara tal-għajn (retina) fejn hemm vini fini ħafna tad-demmm li huma importanti għall-viżjoni. Din isejhula retinopatija diabetika. L-iżvilupp tar-retinopatija hi relatata ma' kemm ilek bid-dijabete u kemm il-livelli tal-glukosju fid-demmm ġew ikkontrollati. Pressjoni għolja tad-demmm, livelli għolja tal-kolesterol u ħsara fil-kliewi jistgħu ukoll jaffettwaw is-severità tar-retinopatija diabetika.

Telf tal-viżjoni jew għama huma preventabbli bi skopert bikri u kura. Il-kura tar-retinopatija tad-dijabete tista' tkun terapija tal-laser jew kirurgija.

Glawkoma u katarretti jistgħu jaqdbu aktar kmieni u sikwit f'nies bid-dijabete. Il-Katarretti jaffettwaw il-lenti tal-għajn fejn issir imċajpra b'telf tal-viżjoni. Il-kura tal-katarretti hi l-kirurgija.

Il-Glawkoma taqbad meta l-pressjoni fil-għajn tkun għolja ħafna, fejn tikkawża ħsara lin-nerv optiku. Il-kura għall-glawkoma jistgħu ikunu qtar, terapija bil-laser jew kirurgija.

## **Id-dijabete u l-mard tal-kliewi:**

Il-kliewi tiegħek jgħinuk tnaddaf demmek. Huma jneħħu l-ħmieġ mid-demmm li joħroġ 'l barra mill-ġisem f'awrina.

Wara xi żmien id-dijabete tista' tikkawża ħsara fil-kliewi. Jekk il-kliewi ma jaħdmux sewwa, il-ħmieġ jibqa fil-ġisem, il-fluwidi jikbru u l-bilanċ kemikali jitqalleb ta' taħt fuq. Dan jissejjaħ nefropatija diabetika.

Inti ma tgħarafx il-ħsara fil-kliewi tiegħek qabel ma tavvanza ħafna, għaldaqstant sinjali bikrija ta' problemi fil-kliewi jistgħu jiġu skopruti f'test tal-awrina.

Biex issib jekk hemmx ħsara fil-kliewi kmieni hi sempliċi u mingħajr uġiġħ u għandu jiġi ċċekkjat kull sena minn meta d-dijabete tkun iddijanostikata. Kura kmieni tista' tevita aktar ħsara. F'mard qawwi tal-kliewi jista' jkun hemm bżonn ta' kura bid-dijalizi jew trapjant.

Nies bid-dijabete jkunu f'riskju akbar ta' infezzjoni fil-borża tal-awrina u l-apparat kollu tal-kliewi u awrina.

Hu tajjeb li tkun taf li r-riskju li t8889iżviluppa problemi fil-kliewi jista' jitnaqqas jekk: tieqaf tpejjep jekk inti tpejjep, timmaniġġja l-livelli tal-glukosju fid-demmm tiegħek, ikollok testijiet tal-kliewi u pressjoni tad-demmm regolari u żżomm stil ta' ħajja ta' saħħa tajba.

**Diabetes and nerve disease:**

Diabetes over time can cause damage to nerves throughout the body. This damage is referred to as diabetic neuropathy.

Neuropathy leads to numbness, changes in sensation and sometimes pain and weakness in the , feet, legs, hands and arms. Problems may also occur in the digestive tract, heart and sex organs.

Diabetic neuropathy also appears to be more common in people who have:

- Problems controlling their blood glucose levels
- High levels of blood fat
- High blood pressure
- Excess weight
- An age greater than 40
- Had diabetes for a long time.

Signs and symptoms of nerve damage may include:

- Numbness, tingling, or pain in the toes, feet, legs, hands, arms, and fingers
- Muscle wasting of the feet or hands
- Indigestion, nausea, or vomiting
- Diarrhoea or constipation
- Feeling dizzy or faint due to a drop in blood pressure when standing
- Visual problems
- Problems with urination
- Erectile dysfunction (impotence) or vaginal dryness
- Sweating and palpitations
- Weakness
- Dry skin
- Dry mouth, eyes, nose.

Neuropathy can also cause muscle weakness and loss of reflexes, especially at the ankle, leading to changes in the way the person walks. Foot deformities may occur. Blisters and sores may appear on numb areas of the foot because pressure or injury goes unnoticed, leading to the development of an ulcer. If foot injuries or ulcers are not treated quickly, the infection may spread to the bone, and in extreme circumstances, may result in amputation. Due to neuropathy and its effect on daily living the person may lose weight and is more likely to suffer with depression.

The best way to minimise your risk for developing neuropathy is to keep your blood glucose levels as close to the recommended range as possible. Daily foot care is of great importance to reduce complications.

Treatment of neuropathy includes pain relief and other medications as needed, depending on the type of nerve damage. Discuss the options with your health care team.

**Diabetes and heart disease/stroke:**

People with diabetes are at increased risk of heart disease and stroke. Higher than recommended blood glucose and cholesterol levels and high blood pressure over long periods of time damage the large blood vessels. This can lead to heart disease (coronary artery disease), damage to the brain (cerebral artery disease) and other blood vessel disease (peripheral artery disease).

Blood vessel disease is progressive and causes hardening and narrowing of the arteries due to a gradual build up of plaque (fatty deposits).

Coronary artery disease is the most common form of heart disease. Blood carries oxygen and

### **Id-dijabete u l-mard tan-nervituri:**

Id-dijabete maż-żmien tista tikkawża ħsara fin-nervituri mal-ġisem kollu. Din il-ħsara hi riferuta bħala newropatija dijabetika.

In-newropatija twassal għal tirziħ, tibdil fis-sensazzjoni u kultant uġiġħ u telqa fis-saqajn, riġlejn, idejn u dirgħajn. Problemi jistgħu jinsabu wkoll fl-apparat diġestiv u l-organi tal-qalb u tas-sess.

In-newropatija dijabetika tidher komuni f'nies li għandhom:

- Problemi jikkontrollaw il-livelli tal-glukosju fid-demem tagħhom
- Livelli għolja ta' xaħam fid-demem
- Pressjoni għolja fid-demem
- Hxuna żejda
- Età ogħla minn 40
- Kellhom id-dijabete għal żmien twil.

Sinjali u sintomi ta' ħsara fin-nervituri jistgħu jinkludu:

- Tirziħ, tneqqa, jew uġiġħ fis-swaba tas-saqajn, riġlejn, idejn, dirgħajn u swaba
- Telqa fil-muskoli tas-saqajn u idejn
- Indigestjoni, dardir, jew remettar
- Dijareja jew sadd
- Thossok ħażin u tintilef minn sensik meta tinzel il-persjoni u taqa'
- Problemi fil-vista
- Problemi meta tagħmel l-awrina
- Disfunzjoni erektili (impotenza) jew vaġina xotta
- Għaraq u palpitazzjonijiet
- Telqa
- Ġilda xotta
- Ħalq, għajnejn u mniefher xotti.

In-newropatija tista' tikkawża telqa fil-muskoli u telf ta' riflessjoni, speċjalment fl-għakiesi, li jwasslu f'tibdil kif persuna timxi. Tista' ssir deformità fis-saqajn. Jinholqu nuffati u feriti f'postijiet mirżuħin tas-sieq minħabba pressjoni jew ferita li ma tindunax biha, li jwassal fi żvilupp ta' ulċera. Jekk il-feriti jew ulċeri ma jiġux ikkurati malajr, l-infezzjoni tinferex sal-għadam, u f'ċirkustanzi estremi, jirrizulta f'amputazzjoni.

Minħabba n-newropatija u l-effett tagħha fil-ħajja ta' kuljum il-persuna tiflew il-piż u għandha mnejn tibda ssofri dipressjoni.

L-aħjar ħaġa biex tnaqqas ir-riskju tiegħek li tiżviluppa n-newropatija hi li iżzomm il-livelli tal-glukosju tad-demem tiegħek kemm hu possibbli qrib il-medja rakkomandata. Kura ta' kuljum tas-saqajn hi importanti ħafna biex tnaqqas il-komplikazzjonijiet.

Kura tan-newropatija tinkludi serħan tal-uġiġħ u medikazzjonijiet oħra kemm ikun hemm bżonn, jiddependi l-ħsara li tkun saret fin-nervituri. Iddiskuti l-għażliet mat-tim tal-kura.

### **Id-dijabete u l-mard tal-qalb/puplesija:**

Nies bid-dijabete huma f'riskju akbar ta' mard tal-qalb u puplesija. Livelli ogħla minn daww irrakomandati tal-glukosju fid-demem u kolesterol u pressjoni għolja fuq tul ta' żmien jistgħu iħassru l-vini kbar tad-demem. Dan jista' jwassal għal mard tal-qalb (marda tal-arterji koronarji), ħsara lill-moħħ (marda tal-arterji ċelebrali) u mard ieħor tal-vini tad-demem (mard tal-arterji periferali).

Marda tal-vini tad-demem hi progressiva u tikkawża twebbis u rquqija fl-arterji minħabba bini gradwali ta' plaque (depositi xaħmin).

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## Chronic complications - *continued*

other important nutrients to your heart. Blood vessels to your heart can become partially or totally blocked by fatty deposits. Chest pain (angina) or a heart attack occurs when the blood flow supplying oxygen to your heart is reduced or cut off.

Over time, coronary artery disease can weaken the heart muscle and lead to heart failure preventing the heart from pumping blood properly to the rest of the body. This can also lead to abnormal beating rhythms of the heart.

A stroke occurs when blood supply to part of your brain is interrupted and brain tissue is damaged. The most common cause is a blocked blood vessel. Stroke can cause physical problems such as paralysis, problems with thinking or speaking, and emotional problems.

**Peripheral artery disease** occurs when blood vessels in your legs are narrowed or blocked by fatty deposits causing reduced blood flow to your legs and feet.

Many people with diabetes and peripheral artery disease do not have any symptoms.

Other people may have the following symptoms:

- leg pain, particularly when walking or exercising, which disappears after a few minutes of rest
- numbness, tingling, or coldness in the lower legs or feet
- sores or infections on feet or legs that heal slowly.

Certain exercises, such as walking, can be used both to treat peripheral arterial disease and to prevent it. Medications may help relieve symptoms. In advanced cases treatment may involve surgical procedures.

You can lower your risk of blood vessel damage by keeping your blood glucose, blood pressure and cholesterol in the recommended range with healthy eating, physical activity, and medication. Quitting smoking is essential to lower your risk.

### **Diabetes and infection:**

High blood glucose levels can lower your resistance to infection and can slow the healing process.

### **Oral health problems and diabetes**

When diabetes is not controlled properly, high glucose levels in saliva may increase the amount of bacteria in the mouth and may also cause dryness of the mouth. Blood glucose (sugar) levels that stay high for long periods of time reduces the body's resistance to infection, and the gums are likely to be affected.

Periodontal diseases are infections of the gums and bones that hold your teeth in place. Even if you wear dentures, you should see your dentist at least once a year.

Signs and symptoms of oral health problems include:

- Gums that are red and swollen, or that bleed easily
- Persistent bad breath or bad taste in the mouth
- Any change in the fit of dentures.

### **Fungal infections /Thrush**

Thrush is the term used for a common infection caused by a yeast-like fungus.

Yeast infections are often associated with diabetes, especially when the blood glucose level is very high. Persistent cases of thrush may sometimes be an early sign of diabetes.

Thrush can occur in the mouth, throat, digestive tract, vagina or on the skin. It thrives in the moist areas of the body.

Oral thrush, a fungal infection in the mouth, appears to occur more frequently among people with diabetes including those who wear dentures. Thrush produces white (or sometimes red)

Marda tal-arterji koronarji hi l-aktar forma komuni ta' mard tal-qalb. Id-demm imexxi l-ossigġu u nutrijenti importanti oħra lejn il-qalb. Il-vini tad-demm lejn il-qalb jistgħu jiġu mblukkati f'it jew totalment b'depositi xaħmin. Uġiġħ tal-qalb (anġina) jew attakk tal-qalb jiġri meta l-giri tad-demm li jissupplixxi l-ossigġu lejn qalbek jitnaqqas jew jieqaf.

Maż-żmien, il-marda tal-arterji koronarji tista' ddgħajjef il-muskoli tal-qalb u twassal għal waqfa tal-qalb li żżomm il-qalb milli tippompja d-demm sewwa lejn il-partijiet l-oħra tal-ġisem. Dan jista' jwassal għal tħabbat abnormali fir-ritmi tal-qalb.

**Il-puplesija** tiġri meta l-provvista tad-demm lejn il-parti ta' moħħok tiġi interrompita u jiġi tħassru t-tessuti tal-moħħ. Il-kawża l-aktar komuni hi vina tad-demm imblukkata. Il-puplesija tista' tikkawża problemi fiżika bħal paralysis, problemi kif taħseb jew titkellem, u problemi emozzjonali.

**Marda tal-arterji periferali** tiġri meta l-vini tad-demm f'riġlejk jidjiegħu jew jiġu mblukkati b'depositi xaħmin li jikkawżaw nuqqas fil-provvista tad-demm lejn saqajk u riġlejk.

Hafna nies bid-dijabete u l-marda tal-arterji periferali ma jkollomx sintomi.

Nies oħra jkollom dawn is-sintomi:

- uġiġħ fir-riġlejn, partikularment meta jimxu u jeżerċitaw, li jispicċaw wara ftit minuti jistrieħu
- tirziħ, tneqdem, jew kesħa f'isfel tar-riġlejn jew is-saqajn
- feriti jew infezzjonijiet fis-saqajn jew riġlejn li jfiegħu bil-moġħod

Ċerti eżerċizzji, bħal mixi, jistgħu jintużaw biex jikkuraw il-marda tal-arterji periferali u jwaqqfuha. Il-medikazzjonijiet jistgħu jgħinu biex inaqqsu s-sintomi. F'każi avvanzati l-kura tista' tinvolvi proċeduri kirurgali.

Inti tista' tnaqqas ir-riskju ta' ħsara fil-vini billi żżomm, il-pessjoni tad-demm u kolesterol fil-medja rakkomandata b'ikel bnin, attività fiżika, u medikazzjoni. Li tiegħ tpejjep hu essenzjali li tnaqqas ir-riskju tiegħek.

### **Id-dijabete u infezzjoni:**

Livelli għolja ta' glukosju fid-demm jista' jnaqqaslek ir-reżistenza ta' infezzjoni u jista' jżomm lura l-proċess ta' fejqan.

### **Problemi tas-saħħa orali u d-dijabete**

Meta d-dijabete ma tkunx ikkontrollata sewwa, livelli għolja tal-glukosju fil-bżieq jistgħu iżidu l-ammont ta' bakterja fil-ħalq u jistgħu ukoll jikkawżaw nixfa fil-ħalq. Livelli tal-glukosju (zokkor) li jibqgħu għoljin għal perjodi twal inaqqsu r-reżistenza tal-ġisem għal infezzjoni, u l-ħniek probabbli jkunu affettwati.

Mard perjodantali huma infezzjonijiet tal-ħniek u l-għadam li jżommu l-snienek f'posthom. Anki jekk tuża d-dentaturi, għandek tara lid-dentist tiegħek darba fis-sena.

Sinjali u sintomi ta' problemi fis-saħħa orali jinkludu:

- Ħniek li huma ħomor u minfuħin, jew li jdemmu malajr
- Nifs ħażin persistenti jew togħma ħażina fil-ħalq
- Tibdil fl-iffittjar tad-dentaturi.

### **Infezzjonijiet fungali/Thrush**

Thrush hi t-term użat għal infezzjoni komuni ikkawżata minn fungu li jixbah il-ħmira.

Infezzjonijiet tal-ħmira huma fil-biċċa l-kbira assoċjati mad-dijabete, speċjalment meta l-livell tal-glukosju fid-demm ikun għoli ħafna. Każi persistenti ta' thrush jistgħu xi kultant ikunu sinjali bikrija tad-dijabete.

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## Chronic complications - *continued*

patches in the mouth. It may cause a painful, burning sensation on your tongue. It can affect your ability to taste foods and may make it difficult for you to swallow.

In women, vaginal thrush is a very common infection. A common symptom is itching and soreness around the vagina.

**Urinary tract infections** are more common in people with diabetes. They are caused by micro-organisms or germs, usually bacteria.

Signs and symptoms include:

- Wanting to urinate more often, if only a few drops
- Strong smelling and cloudy urine
- Burning pain or a 'scalding' sensation on urination
- A feeling that the bladder is still full after urination
- Blood in the urine.

It is important to see your doctor immediately if any infection is suspected.

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## Komplikazzjonijiet Kroniċi – *ikompli*

It-thrush tista' taqbad fil-ħalq, grizmejn, l-apparat diġestiv, vaġina jew fil-ġilda. Tgħix fl-aktar postijiet umdi tal-ġisem.

Oral thrush, infezzjoni fungali fil-ħalq, tidher li taqbad iktar sikwit f'nies bid-dijabete inkluż dawk li jużaw id-dentaturi. It-thrush tipproduċi rqajja bojod (jew xi kultant ħomor) fil-ħalq. Tista' tikkawża sensazzjoni li twegġah u taħraq, f'isienek. Tista' taffetwalek il-ħila tiegħek li dduq l-ikel u ssibha diffiċli li tibl' l-ikel.

Fin-nisa, thrush tal-vaġina hi infezzjoni komuni. Sintomu komuni hu ħakk u feriti madwar il-vaġina.

**Urinary tract infections** huma aktar komuni f'nies li għandhom id-dijabete. Dawn huma kkawżati b'organizmi żgħar jew mikrobi, normalment bakterja.

Sinjali u sintomi jinkludu:

- Tkun trid tagħmel awrina aktar spiss, anki ftit qtar
- Riħa qawwija tal-awrina li tkun imċajpra
- Uġiġħ jaħraq jew sensazzjoni ta'samta' meta tagħmel l-awrina
- Thoss il-borża tal-awrina għadha mimlija wara li tgħaddi l-awrina
- Demm fl-awrina.

Hu importanti li tara t-tabib tiegħek immedjatament jekk tissuspetta infezzjoni.

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# 17 Diabetes and your Feet

Diabetes may affect the feet in two ways.

Firstly, nerves which allow you to feel pain, temperature and give an early warning of possible injury, can be damaged.

Secondly, the blood supply to the feet can be reduced due to blockage of the blood vessels. Damage to the nerves and blood vessels is more likely if you have had diabetes for a long time, or if your blood glucose (sugar) levels have been too high for too long.

It is recommended that people with diabetes should be assessed by a podiatrist or doctor at least every six months. They will advise a common sense, daily care routine to reduce the risk of injuries and complications.

**It is also essential to check your feet every day for any problems.**

## **Caring for your feet**

- Maintain blood glucose levels within the range advised by your doctor
- Help the circulation to your feet with some physical activity like walking
- Know your feet well
  - Look at your feet daily. Use a mirror if you need to. Check between your toes
  - Wash your feet daily in warm (not hot) water, using a mild soap. Dry gently and thoroughly
  - Never soak your feet
  - Use a moisturiser to avoid dry skin
  - Only cut your toenails if you can do so safely. Cut straight across – not into the corners – and gently file away any sharp edges
- Choose footwear which is appropriate for your activity. Smooth out wrinkles in socks
- Check your shoes regularly for excess wear on the outside and for any rough spots on the inner lining
- Avoid foot injuries by wearing shoes or slippers around the house and footwear at the beach or pool
- Avoid contact with very hot or cold items, such as hot water bottles, heaters, electric blankets, hot sand/pathways and hot bath water
- Wear insulated boots to keep feet warm on cold days
- Corn cures and medicated pads can burn the skin. Do NOT treat corns yourself - see your podiatrist
- Get medical advice early if you notice any change or problems with your feet.





# 17

## Id-Dijabete u Saqajk

Id-dijabete tista' taffettwa s-saqajn f'zewg manjieri.

L-ewwel, in-nervituri li jgiegħluk tħoss l-uġiġħ, it-temperatura u jtuk twissija minn qabel ta' xi ferita, jistgħu ikunu imħassrin.

It-tieni, il-provvista tad-demmm lejn is-saqajn tista' titnaqqas minħabba xi imblokk fil-vini.

Ħsara fin-nervituri u l-vini tad-demmm ikun possibbli iktar jekk inti kien kellek id-dijabete għal ħafna żmien, jew jekk il-livelli tal-glukosju (zokkor) tiegħek ilhom għolja għal żmien twil.

Hu rrakkommandat li nies bid-dijabete jkunu assessjati minn kiropodist jew tabib mill-anqas kull sitt xhur. Dawn ser jgħidulek biex tuża s-sens komun, agħmilha kuljum rutina ta' kura biex tnaqqas ir-riskju ta' ingurja jew komplikazzjonijiet.

### **Hu ukoll essenzjali li tiċċekkja saqajk kuljum għal xi problemi.**

#### **Kif tieħu ħsieb saqajk**

- Żomm il-livelli tal-glukosju fid-demmm fil-medja li qallek it-tabib
- Għin iċ-ċirkolazzjoni ta' saqajk b'xi attività fiżika bħal mixi
- Tajjeb li tkun taf saqajk
  - Ħares lejn saqajk kuljum. Jekk hemm bżonn uża mera. Iċċekkja bejn is-swaba.
  - Aħsel saqajk kuljum f'ilma biered (mhux sħun ħafna), uża sapuna ħafifa. Ixxotthom bil-mogħod u sewwa
  - Qatt tgħaddas saqajk fl-ilma għal tul ta' żmien
  - Uża moisturiser ħalli l-ġilda ma tinxifx
  - Aqta difrejk dejjem jekk tista' tagħmel dan mingħar periklu. Aqta dritt minn naħa għall-oħra – mhux ġo l-irkejjen – u illima fejn ikun jaqta'
- Agħzel żraben li huma tajbin għall-attività. Neħħi t-tikmix mill-kalzetti
- Iċċekkja ż-żraben regolarment għal xi ħsariet eċċessivi fuq barra u anki xi qtugħ fl-inforra ta' ġewwa
- Evita ingurji f'saqajk billi tilbes żraben jew papoċċi fid-dar u anki meta tmur tgħum il-beach jew il-pool
- Evita kuntatt ma' affarijiet sħan ħafna jew keshin, bħalma huma l-hot water bottles, heaters, electric blankets, ramel sħun/pathways u ilma sħun fil-banju
- Ilbes boots insulati biex iżżomm saqajk sħan fi ġranet keshin
- Kremijiet tal-kallijiet u medicated pads jistgħu jaħarqu l-ġilda. Tikkurax il-kallijiet inti – ara l-kiropodist tiegħek
- Ħu l-parir tat-tabib kmieni jekk tinnota xi tibdil jew problemi f'saqajk.



# 18 Diabetes and Pregnancy



The key to a healthy pregnancy for a woman with diabetes is planning. Before you become pregnant discuss your target blood glucose levels or other pregnancy issues with your doctor or diabetes educator.

Note: the target blood glucose levels are tighter during pregnancy. You will need a diabetes management plan that balances meals, physical activity and diabetes medication (usually insulin). This plan will change as your body changes during your pregnancy.

If your pregnancy is unplanned it is important to work with your medical team as soon as you know you are pregnant.

Why you need to keep your blood glucose levels within the recommended range for pregnancy

Having good blood glucose management reduces the risk of the baby having any abnormalities when all of its organs are being formed in the first 12 weeks of pregnancy. As your pregnancy progresses, it is very important that you maintain good blood glucose levels otherwise extra sugar in your blood will pass to the baby who can then become big. Delivery of big babies can cause problems.

## Who will help you before, during and after your pregnancy?

Apart from your diabetes health care team, other health professionals that will support you are:

- an obstetrician (a specialist doctor that looks after pregnant women)
- a neonatal paediatrician (a specialist doctor that looks after babies)
- a midwife (a nurse, who assists women in childbirth).

Exercise, especially for people with type 2 diabetes, is a key part of diabetes management before, during and after pregnancy.

Discuss your exercise plans with your diabetes health care team.

In general, it's not a good idea to start a new strenuous exercise program during pregnancy. Good exercise choices for pregnant women include walking, low-impact aerobics or swimming.



# 18 Dijabete u t-Tqala



Il-punt essenzjali ta' tqala għal mara bid-dijabete hu l-ippjanar. Qabel ma toħroġ tqila iddiskuti l-mira tal-livelli tal-glukosju fid-demm tiegħek u problemi oħrajn mat-tabib jew edukatur tad-dijabete tiegħek.

Innota: il-mira tal-livelli tal-glukosju huma aktar stretti fi żmien it-tqala.

Inti jrid ikollhok pjan ta' maniġġjar tad-dijabete li jibbilanċja l-ikel, attività fiżika u medikazzjoni tad-dijabete (normalment l-insulina). Dan il-pjan jgħid skont kif għisemk jgħid matul it-tqala.

Jekk it-tqala tiegħek ma tkunx ippjanata hu importanti li taħdem mat-tim medikali tiegħek hekk kif inti tkun taf li inti tqila.

Għaliex inti jkollok iżzomm il-livelli tal-glukosju tiegħek fil-medja rakkomandata matul it-tqala

Li jkollok maniġġjar tajjeb tal-glukosju fid-demm inaqqas ir-riskju li t-tarbija jkollha xi abnormalitajiet meta l-organi kollha tagħha jkunu qed jiffurmaw ruħhom fl-ewwel 12-il ġimgħa tat-tqala. Kif it-tqala tiegħek timxi 'l quddiem, hu importanti ħafna li inti iżzomm livelli tajba ta' glukosju fid-demm għax inkella zokkor żejjed f'demmek imur għand it-tarbija li imbagħad tista' tikber ħafna. It-twelid ta' trabi kbar jista' joħloq problemi.

## Min se jgħinek, matul u wara t-tqala?

Apparti mit-tim tal-kura tad-dijabete tiegħek, professjonali oħra fis-saħħa li se jgħinuk huma:

- ostetriku (tabib speċjalist li jieħu ħsieb nisa tqal)
- pedjatriku tat-trabi (tabib speċjalist li jieħu ħsieb it-trabi)
- majjistra (nurse, li tassisti n-nisa fit-twelid).

L-eżerċizzju, speċjalment għal nies bid-dijabete tat-tip 2, hu parti importanti fl-immaniġġjar tad-dijabete qabel, matul u wara t-tqala.

Iddiskuti l-pjan ta' eżerċizzji mat-tim tal-kura tad-dijabete tiegħek.

Ġeneralment, mhix idea tajba li tibda program ta' eżerċizzju enerġiku matul it-tqala. Għażliet tajba ta' eżerċizzji għal nisa tqal jinkludu l-mixi, low-impact aerobics jew għawm.



# 19 Diabetes and your emotions



Chronic diseases such as diabetes can have a major impact on your emotions because they affect every aspect of your life. The physical, mental or emotional reactions to the diagnosis of diabetes and the ability to cope may impact on your diabetes, your family, your friends and your work colleagues.

When a person is diagnosed and living with diabetes there can be many emotions that may be experienced. These include:

- Guilt
- Frustration
- Anger
- Fear
- Anxiety
- Depression.

Many people do not like the idea that they may have mental or emotional problems. Unfortunately, they find it embarrassing or

view it as a weakness. Having diabetes increases your risk of developing depression. Tell your doctor how you feel. If you feel you are more comfortable talking with other members of your diabetes health care team such as a diabetes educator or podiatrist, talk to them.

You need to tell someone. Then you will be referred to the right person who can help you move in the right direction.

**Recommended websites:**

- [www.diabetesnsw.com.au](http://www.diabetesnsw.com.au)
- [www.beyondblue.org.au](http://www.beyondblue.org.au)
- [www.diabetescounselling.com.au](http://www.diabetescounselling.com.au)
- [www.blackdoginstitute.org.au](http://www.blackdoginstitute.org.au)
- [www.as1diabetes.com.au](http://www.as1diabetes.com.au)



# 19 Id-Dijabete u l-Emozzjonijiet Tiegħek



Mard kroniku bħad-dijabete jista' jkollu impatt kbir fuq l-emozzjonijiet tiegħek għaliex jaffettwaw kull aspekt ta' ħajtek. Ir-reazzjonijiet fiżika, mentali jew emozzjonali għad-dijanżosi tad-dijabete u l-abbiltà tiegħek biex tlaħħaq magħha tista' tħalli impatt fuq id-dijabete tiegħek, il-familja tiegħek, ħbiebek u l-kollegi tiegħek fuq ix-xogħol.

Meta persuna tingħata d-djanżosi u tgħix bid-dijabete jista' jkun hemm ħafna emozzjonijiet x'wieħed jgħaddi minnhom. Dawn jinkludu:

- Ftija
- Frustrazzjoni
- Għadab
- Biża
- Ansjetà
- Dipressjoni.

Ħafna nies ma togħgobhomx l-idea li huma jkollhom problemi mentali jew emozzjonali. Sfortunatament, isibuha imbarazzanti jew jarawha bħala dgħjufija. Ikkollok id-dijabete tkabbarlek ir-riskju li tiżvilluppa d-dipressjoni. Għid lit-tabib tiegħek kif tħossok. Jekk inti tħossok aktar komfortabbli titkellem ma' membri oħra tat-tim tal-kura tad-dijabete tiegħek bħall-edukatur tad-dijabete jew lill-kiropodist, kellem lilhom.

Inti jkollok titkellem ma' xi ħadd. Imbagħad inti tiġi riferut għand l-aħjar persuna li tista' tgħinhekk timxi fl-aħjar direzzjoni.

### **Websites li huma rakkomandati:**

- [www.australiandiabetescouncil.com](http://www.australiandiabetescouncil.com)
- [www.beyondblue.org.au](http://www.beyondblue.org.au)
- [www.diabetescounselling.com.au](http://www.diabetescounselling.com.au)
- [www.blackdoginstitute.org.au](http://www.blackdoginstitute.org.au)
- [www.as1diabetes.com.au](http://www.as1diabetes.com.au)



# 20 Diabetes and driving

High or low blood glucose (sugar) levels in people with diabetes can affect their ability to drive safely. People with diabetes may have developed complications such as vision problems, heart disease or nerve damage, which also can affect driving ability. It is vital that people with diabetes know what to do in order to keep themselves and others safe while on the road.



Austrroads, the road transport and traffic safety authority for Australia and New Zealand, has developed guidelines for doctors to help assess their patient's fitness to drive. Diabetes and cardiovascular disease are just two of the many conditions for which there are specific medical standards and guidelines which must be met for licensing and insurance.

The main concern when driving is a low blood glucose (sugar) level!. It can affect a driver's ability to react and concentrate. Low blood glucose can also cause changes in consciousness which could lead to losing control of the vehicle. People who are taking certain diabetes medication and/or insulin are at risk of hypoglycaemia.

Ask your doctor or diabetes educator if you are at risk.

Hyperglycaemia or high blood glucose levels can also affect driving ability as it can cause blurred vision, fatigue and decreased concentration.

## Medical Standards for Licensing

**Private and Commercial** – People with diabetes who are managed without medication do not need to notify the Drivers Licensing Authority and may drive without license restriction. However, they should be reviewed regularly by their doctor for progression of the disease.

**Private Licence** – People with diabetes who are managed with medication, but **not insulin**, and do not have any diabetes complications do not need to notify the Drivers Licensing Authority. They need to be reviewed every five years (meeting all other Austrroads criteria). If you do have any acute or chronic complications a conditional licence may be granted after review by your treating doctor.

**Commercial Licence** – People with diabetes who are managed with medication, but **not insulin**, need to notify the Drivers Licensing Authority in person. A conditional driver's licence may be granted subject to the opinion of the specialist, the nature of the driving task and at least an annual review (meeting all other Austrroads criteria).

**Private Licence** – People with diabetes who are managed **with insulin** need to notify the Drivers Licensing Authority in person. A conditional licence may be granted subject to the opinion of the specialist/treating doctor, the nature of the driving task and at least a two yearly review (meeting all other Austrroads criteria).

# 20 Id-Dijabete u s-Sewqan

Livelli għolja jew baxxi tal-glukosju (zokkor) fid-demm ta' nies bid-dijabete jista' jaffettwa l-abbiltà tagħhom li jsuqu mingħajr periklu. Nies bid-dijabete setgħu żviluppaw komplikazzjonijiet bħal problemi tal-viżjoni, mard tal-qalb jew ħsara fin-nervituri, li tista' taffettwa wkoll l-abbiltà tagħhom li jsuqu. Hu vitali li nies bid-dijabete jkunu jafu x'għandhom jagħmlu ħalli jzommu lilhom u l-ħaddieħor bla periklu meta jsuqu.



Austrorads, l-awtorità tat-trasport u sigurtà tat-traffiku tat-toroq għall-Awsralja u New Zealand, żviluppat gwidi għat-tobba biex jgħinu fl-abbiltà tal-pazjenti tagħhom li jsuqu. Id-dijabete u mard kardjovaskolari huma żewġ kondizzjonijiet minn ħafna li għalihom hemm standardi speċifiki medikali u gwidi li jkollom jintlaħqu għal-liċenzjar u inxurans.

L-akbar konċern meta ssuq huwa l-livell ta' glukosju (zokkor) fid-demm tiegħek. Dan jista' jaffettwa l-abbiltà tas-sewwieq ta' kif jirreaġixxi u jikkonċentra. Il-glukosju fid-demm baxx jista' jikkawża tibdil fis-sensi tal-moħħ fejn jista' jirrendi fit-telf tal-kontroll tal-vettura. In-nies li qed jieħdu ċertu medikina tad-dijabete u/jew insulina qegħdin fir-riskju ta' ipoglikimja.

Saqsi lit-tabib jew l-edukatur tad-dijabete tiegħek jekk intix f'riskju.

Iperglikimja jew livelli ta' glukosju fid-demm għolja jistgħu jaffettwaw l-abbiltà tas-sewqan għaliex jistgħu jikkawżaw viżjoni mċajpra, għajja u nuqqas ta' konċentrazzjoni.

## Standardi Medikali għal-Liċenzja

**Privata u kummerċjali** – Nies bid-dijabete li jimmaniġġjaw mingħajr medikazzjoni ma jkollhomx bżonn jinfurmaw lill-Awtorità tal-Liċenzji tas-Sewwieqa u jkunu jistgħu isuqu mingħajr restrizzjonijiet tal-liċenzja. Għaldaqstant, dawn iridu jiġu riveduti regolarment mit-tabib tagħhom għal kif għaddejjja l-marda.

**Liċenzja Privata** – Nies bid-dijabete li jimmaniġġjawha bil-medikazzjoni, imma mhux bl-insulina, u li m'għandhomx komplikazzjonijiet dijabetiċi m'għandhomx għalfejn jinfurmaw lill-Awtorità tal-Liċenzji tas-Sewqan. Dawn iridu jiġu riveduti kull ħames snin (li jilħqu l-kriterji l-oħra tal-Austrorads). Jekk ma għandekx komplikazzjonijiet akuti jew kroniċi liċenzja kondizzjonali tiġi mgħotija lilek wara rivista mit-tabib tiegħek.

**Liċenzja kummerċjali** – Nies bid-dijabete li jimmaniġġjawha bil-medikazzjoni, imma mhux bl-insulina, ikollhom jinfurmaw lill-Awtorità tal-Liċenzji tas-Sewqan personalment fil-post. Liċenzja kondizzjonali tista' tiġi mgħotija lilek sugġettabbli għall-opinjoni tal-ispeċjalist, in-natura tax-xogħol u mill-anqas rivista annwali (li jilħqu l-kriterji l-oħra tal-Austrorads).

**Liċenzja Privata** – Nies bid-dijabete li jimmaniġġjawha bl-insulina ikollhom jinfurmaw lill-Awtorità tal-Liċenzji tas-Sewqan personalment fil-post. Liċenzja kondizzjonali tista' tiġi mgħotija lilek sugġettabbli għall-opinjoni tal-ispeċjalist/tabib tiegħek, in-natura tax-xogħol u mill-anqas rivista annwali (li jilħqu l-kriterji l-oħra tal-Austrorads).

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## Diabetes and driving - *continued*

**Commercial Licence** – People with diabetes who are managed **with insulin** need to notify the Drivers Licensing Authority in person. A conditional licence may be granted subject to the opinion of the diabetes specialist, the nature of the driving task and annual review (meeting all other Austroads criteria).

Other factors can affect your driver's licence. Ask your doctor. Otherwise contact the Drivers Licensing Authority in your State:

- Australian Capital Territory - Department of Urban Services  
Phone: (02) 6207 7000
- New South Wales - Roads and Traffic Authority NSW  
Phone: (02) 9218 6888
- Northern Territory - Department of Planning and Infrastructure  
Phone: (08) 8924 7905
- Queensland - Queensland Transport  
Phone: 13 23 80
- South Australia - Department of Transport, Energy and Infrastructure  
Phone: (08) 8343 2222
- Tasmania - Department of Infrastructure Energy and Resources  
Phone: 13 11 05
- Victoria - VicRoads  
Phone: (03) 9854 2666
- Western Australia - Department for Planning and Infrastructure  
Phone: 13 11 56  
(08) 9427 8191

If you require further information access the Austroads website  
<http://www.austroads.com.au/aftd/index.html>



**Licenzja kummerċjali** – Nies bid-dijabete li jimmaniġġawha bl-insulina ikollhom jinfirmaw lill-Awtorità tal-Licenzji tas-Sewqan personalment fil-post. Licenzja kondizzjonali tista' tiġi mgħotija lilek sugġettabbli għall-opinjoni tal-ispeċjalist, in-natura tax-xogħol u mill-anqas rivista annwali (li jilħqu l-kriterji l-oħra tal-Austroroads).

Fatturi oħra li jistgħu jaffettwaw il-licenzja tas-sewqan tiegħek. Saqsi t-tabib tiegħek. Inkella kkuntattja lill-Awtorità tal-Licenzji tas-Sewqan fl-iStat tiegħek:

- Australian Capital Territory - Department of Urban Services  
Ċempel: (02) 6207 7000
- New South Wales - Roads and Traffic Authority NSW  
Ċempel: (02) 9218 6888
- Northern Territory - Department of Planning and Infrastructure  
Ċempel: (08) 8924 7905
- Queensland - Queensland Transport  
Ċempel: 13 23 80
- South Australia - Department of Transport, Energy and Infrastructure  
Ċempel: (08) 8343 2222
- Tasmania - Department of Infrastructure Energy and Resources  
Ċempel: 13 11 05
- Victoria - VicRoads  
Ċempel: (03) 9854 2666
- Western Australia - Department for Planning and Infrastructure  
Ċempel: 13 11 56  
(08) 9427 8191

Jekk għandek bżonn iktar informazzjoni idhol fl-Austroroads website  
<http://www.austroroads.com.au/aftd/index.html>

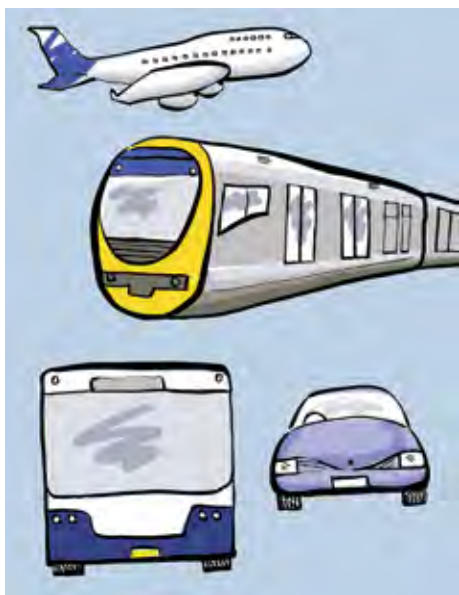
# 21 Diabetes and travel

Having diabetes does not mean your travelling days are over. To ensure you have a safe and enjoyable trip, be sure to plan ahead. Good preparation may seem time consuming but it will help to ensure you get the most out of your holiday.

- Discuss your travel plans with your doctor or diabetes educator. Also discuss medication adjustments for situations you may encounter such as crossing time zones, or when experiencing diarrhoea and/or nausea
- Carry several copies of a typed, signed letter from your doctor outlining your diabetes management plan, medications, devices you use to give medication (if applicable) and equipment needed to test your blood glucose level. You will also need to carry scripts for all medications (clearly detailing your name), doctors contact details, and both the name and type of medication, emergency contacts and your [National Diabetes Services Scheme card](#)



- Always wear some form of identification that says you have diabetes
- Pack more test strips, insulin, syringes, pens and other diabetes equipment than you will need for the trip. If possible, pack a spare meter in case of loss or damage
- Depending on your journey and destination, you may need to consider taking an insulated travel pack for your insulin
- Take a small approved sharps container for used lancets and syringes. Some airlines, hotels and airports offer a sharps disposal service
- Keep insulin, syringes/pens and testing equipment in your hand luggage. Do not place insulin in your regular luggage that will be placed in the cargo hold because it is not temperature controlled. The insulin may be damaged or lost



- When flying, check with the airline in advance for specific security guidelines as these are subject to change
- Customs regulations vary from country to country so it is advisable to contact the embassy of the country you're visiting before travelling
- When visiting some countries certain vaccinations are recommended. Information in regard to vaccinations can be obtained from your doctor
- The anticipation/stress of a trip or changes in routine may affect your blood glucose (sugar) levels, so you may need to check your blood glucose level more often
- Contact your airline about meal times and food available during your flight. It is also recommended that you carry your own supply of portable carbohydrates in case of unexpected meal delays or if you dislike the meal offered. If you take insulin with meals, do not

# 21

## Id-Dijabete u l-lvvjaġġar

Li jkollok id-dijabete ma jfissirx li inti ma tkunx tista' tivvjaġġa aktar. Biex tiżgura li jkollok vjaġġ mingħajr problemi, kun żgur li tippjana qabel. Preparazzjoni tajba tista' tidher ħela ta' żmien imma tgħinek tiżgura li inti jkollok vaganza pjaċevoli.

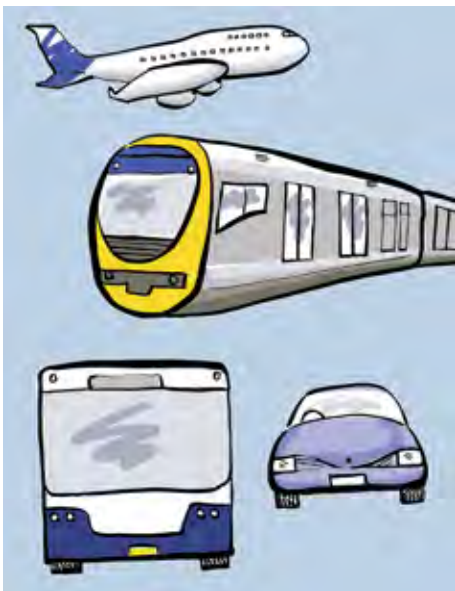
- Iddiskuti l-pjanijiet tiegħek mat-tabib jew edukatur tiegħek. Iddiskuti wkoll xi tibdil fil-medikazzjoni għal xi sitwazzjonijiet li tista' tiltaqa magħhom bħal ma huma taqsim ta' żoni tal-ħin, jew meta taqbdok dijareja u/jew dardir
- Hu miegħek kopji ta' ittri ittappjati u iffirmati mit-tabib tiegħek, ta' kif jaħdem il-pjan ta' maniġġjar tad-dijabete tiegħek, medikazzjoni, strumenti li tuża biex tieħu l-medicina (jekk

japplika) u apparat bżonnjuż biex tittestja l-livelli tal-glukosju tiegħek. Inti jkollok bżonn ukoll li ġgorr riċetti tal-medikazzjonijiet kollha miegħek (li jkunu miktubin bid-dettal tal-isem tiegħek), dettalji tal-kuntatt tat-tabib tiegħek, kif ukoll l-isem u t-tip ta' medicina, kuntatti ta' emerġenza u l-karta tiegħek tan-[National Diabetes Services Scheme](#)



- Dejjem ilbes xi forma ta' identifikazzjoni li tgħid li inti għandek id-dijabete.
  - Ippakkja iktar test strips, insulina, siringi, pinen u apparat ieħor li jkollok bżonn matul il-vjaġġ. Jekk hu possibbli, ippakkja meter żejjed f'każ ta' telf jew ħsara
  - Jiddependi mill-vjaġġ u destinazzjoni tiegħek, inti jkollok bżonn tikkunsidra tieħu insulated travel pack għall-insulina tiegħek
- Hu miegħek reċipjent approvat għal-labar u siringi użati. Xi linji tal-ajru, lukandi u ajruporti joffru servizz fejn tarmi dawn ix-sharps

- Żomm l-insulina, siringi/pinen u apparat li tittestja bih fil-bagalja li ġgorr miegħek. Tpoġġix insulina fil-bagolli l-kbar li jmorru mal-cargo għaliex hemm it-temperatura ma tkunx ikkontrollata. L-insulina tista' titħassar jew tintilef



- Meta ttir, iċċekkja mal-linja tal-ajru minn qabel għal gwidi speċifiki tas-sigurtà għax dawn jistgħu jinbidlu
- Ir-regoli tad-dwana jvarjaw minn pajjiż għall-ieħor għalhekk ikun tajjeb li tikkuntattja l-ambaxxata tal-pajjiż li se żżur qabel ma tivvjaġġa
- Meta żżur xi pajjiżi hu rakkomandat li tittaqqab. Informazzjoni tal-bżonn ta' titqib tista' ġgibha mingħand it-tabib
- L-antiċipazzjoni/ħerqa tal-vjaġġ jew tibdil fir-rutina jistgħu jaffettwaw il-livelli tal-glukosju (zokkor) fid-demmi tiegħek, għalhekk ikun hemm bżonn tiċċekkja il-livell tal-glukosju tiegħek aktar spiss

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## Diabetes and travel - *continued*

give your insulin until your meal arrives

- To help prevent blood clots move about the cabin at regular intervals and do chair based exercises. Drink plenty of water. Your doctor may advise you to wear support stockings
- If you are driving long distances make sure you stop regularly and take your blood glucose levels before and during your trip
- Carry a small first aid kit with you in case of minor illness or injury.

Useful websites are **[www.dfat.gov.au](http://www.dfat.gov.au)** and **[www.health.gov.au](http://www.health.gov.au)**

**Travel insurance** is highly recommended. Make sure it covers situations which may arise in relation to diabetes. The Australian Government has arrangements with some countries providing benefits similar to Medicare, if needed. Remember to take your Medicare card with you.

**For more information, call Medicare Australia on 132 011 or visit: [www.medicareaustralia.gov.au](http://www.medicareaustralia.gov.au)**

### **At your destination**

- Differences in activity, routines, food and stress may affect your blood glucose levels, check your blood glucose levels more often
- Food options may differ from home. It is important to maintain carbohydrate intake. If you are going to a different country do some research before you leave to help you make appropriate food choices
- Take care with food and drink choices, particularly in developing countries where food hygiene may not be adequate. Bottled water is preferable even for brushing teeth
- Protect your skin from sun burn
- Do not go barefoot. Be careful of hot sand and pavements. Check feet daily.

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## Id-Dijabete u l-ivvjaġġar - *ikompli*

- Ikkuntattja l-linja tal-ajru tiegħek dwar il-ħinijiet tal-ikel u t-tip ta' ikel disponibbli waqt it-titjira. Hu rakkomandat ukoll li inti ġgħorr provvista ta' karboidrat portabbli tiegħek miegħek f'każ li jkun hemm dewmien jew inti ma tħobbx l-ikel offrut. Jekk tiegħu l-insulina mal-ikel, tittaqqabx bl-insulina qabel ma tasal l-ikla
- Biex tgħin tevita l-blood clots imxi madwar il-kabina f'intervalli regolari u agħmel eżerċizzji ta' meta tkun bil-qiegħda. Ixrob ħafna ilma. It-tabib tiegħek jista' jtik il-parir li tilbes kalzetti tas-sapport
- Jekk inti ser issuq distanzi twal kun żgur li tiegħek regolament u ċċekkja l-livelli tal-glukosju fid-demm tiegħek qabel u matul il-vjaġġ
- Hu miegħek xi first aid kit f'każ ta' mard jew ingurja.

Websites bżonnjużi huma **[www.dfat.gov.au](http://www.dfat.gov.au)** u **[www.health.gov.au](http://www.health.gov.au)**

**L-inxurans tal-ivvjaġġar** hi rakkomandata ħafna. Kun żgur li din tassigura sitwazzjonijiet li jistgħu jinholqu mid-dijabete. Il-Gvern Awstraljan għandu arrangamenti ma' xi pajjiżi biex jipprovdu benefiċċji similari mal-Medicare, jekk ikun hemm bżonn. Ftakar li tiegħu l-karta tal-Medicare miegħek.

**Għal iktar informazzjoni, ċempel lil Medicare Australia fuq 132 011 jew idhol: [www.medicareaustralia.gov.au](http://www.medicareaustralia.gov.au)**

### **Fid-destinazzjoni tiegħek**

- Differenzi fl-attività, rutini, ikel u ansjetà jistgħu jaffettwaw il-livelli tal-glukosju fid-demm tiegħek, iċċekkja l-livelli tal-glukosju aktar sikwit
- Għażliet fl-ikel jistgħu ikunu differenti minn darek. Hu importanti li tkompli tiegħu l-karboidrati. Jekk inti sejjer f'pajjiż differenti agħmel ftit riċerka qabel titlaq biex tgħinek tagħżel l-aħjar ikel għalik
- Hu kura ta' dak li tiekol u tixrob, partikularment f'pajjiżi mhux żviluppati fejn l-iġjene fl-ikel tista' ma tkunx adegwata. L-ilma tal-fliexken ikun preferabbli anki biex taħsel snienek
- Ipproteġi l-ġilda ta' ġismek mill-ħruq tax-xemx
- Timxix ħafi. Oqgħod attent minn ramel u bankini sħan. Iċċekkja saqajk kuljum.

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# 22 Need an Interpreter?

A free telephone interpreter service is available for people who may have difficulty in understanding or speaking English. This service is available through the Translating and Interpreting Service (TIS) of the Department of Immigration and Multicultural and Indigenous Affairs (DIMIA).



TIS have access to professional interpreters in almost 2000 languages and dialects and can respond immediately to most requests.

### **Accessing an interpreter:**

Simply ring the Translating and Interpreting Service on 131 450

Explain the purpose for the call e.g. wanting to talk to an educator/dietitian at Diabetes NSW & ACT.

The operator will connect you to an interpreter in the required language and to an Diabetes NSW & ACT health professional for a three-way conversation.

This free service has been set up by the Diabetes NSW & ACT and will be promoted with assistance from the Australian Government Department of Health and Ageing.

# 22 Għandek Bżonn Interpretu?

Servizz tal-interpretu bit-telefon bla ħlas hu disponibbli għal nies li jkollom diffikultà jifhmu jew jikkellmu bl-Ingliż. Dan is-servizz hu disponibbli mingħand it-Translating and Interpreting Service (TIS) tad-Department of Immigration and Multicultural and Indigenous Affairs (DIMIA).



TIS għandhom aċċess ta' interpreti professjonali ta' kwazi 2000 lingwa u djalett u jkunu jistgħu jirrisponduk immedjatament għal kull talba li tagħmlilhom.

## **Biex issib interpretu:**

Sempliciment ċempel lit-Translating and Interpreting Service fuq 131 450

Fehemhom il-għaliex ċempilt, pereżempju trid titkellem ma' edukatur/espert tad-dieta tal-Diabetes NSW & ACT.

L-operatur jikkonnetjak ma' interpretu tal-lingwa mitluba u professjonali tas-saħħa tal-Diabetes NSW & ACT għal konversazzjoni bejn it-tlieta.

Dan is-servizz bla ħlas gie pprovdut mill-Diabetes NSW & ACT u jigi rrikamat bl-assistenza tal-Australian Government Department of Health and Ageing.

# 23

## National Diabetes Services Scheme (NDSS)

The NDSS is a federal government funded program, administered on behalf of the government by Diabetes NSW & ACT.

The NDSS provides free syringes and needles for those requiring insulin, as well as blood and urine testing strips at subsidised prices to those who are registered. Registration is free and you are only required to register once unless your treatment changes to require insulin.

You do not need a doctor's prescription to purchase NDSS products for diabetes management.

### Registering for the NDSS

Once you have been diagnosed with diabetes, your doctor or credentialed diabetes educator can register you with the NDSS. If you are not sure whether you are registered with the NDSS, or want more information, call Diabetes NSW & ACT on 1300 342 238.

### Where to buy NDSS products

You can buy products at Diabetes NSW & ACT offices or through pharmacy sub agents. You can also order your products from Diabetes NSW & ACT by phoning 1300 342 238 or visiting [www.diabetesnsw.com.au](http://www.diabetesnsw.com.au).

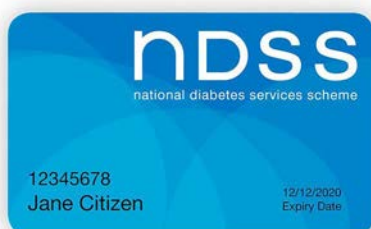
Your products will be mailed to you free of charge.

### Who should register for the NDSS?

Australian residents that have been diagnosed with diabetes by a doctor and who hold a current Australian Medicare card or Department of Veteran Affairs file number should register.

If you are a visitor to Australia and from a country with a Reciprocal Health Care Agreement, you may be entitled to temporary registration to the NDSS.

Please call Diabetes NSW & ACT on 1300 342 238 for further information.





# 23

## Skema Nazzjonali ta' Servizzi tad-Dijabete (NDSS)

L-NDSS hu program li l-fondi għalih huma maħruġa mill-gvern federali, u amministrat f'isem il-gvern mill-Diabetes NSW & ACT.

L-NDSS tipprovdi siringi u labar għal dawk li jieħdu l-insulina, kif ukoll testing strips tad-demmm u awrina bi prezzijiet issussidjati għal dawk li huma rreġistrati. Ir-reġistrazzjoni hi b'xejn u inti mitlub tirreġistra darba biss jekk l-kura ma tinbidilx għal waħda li tirrikjedi l-insulina.

Inti ma jkollokx bżonn riċetta tat-tabib biex tixtri prodotti tal-NDSS għall-immaniġġjar tad-dijabete.

### Reġistrazzjoni għall-NDSS

Galadara inti tiġi ddiyanjosat bid-dijabete, it-tabib tiegħek jew l-edukatur ikkredenzjalizzat tad-dijabete jista' jirreġistراك mal-NDSS. Jekk inti ma intix żgur jekk intix irreġistراك mal-NDSS, jew trid aktar informazzjoni, ċempel lill-Diabetes NSW & ACT fuq 1300 342 238.

### Fejn issib tixtri prodotti tal-NDSS

Inti tista' tixtri l-prodotti mill-uffiċċji tal-Diabetes NSW & ACT jew sub-aġenti. Inti tista' tordna l-prodotti tiegħek mill-Diabetes NSW & ACT billi ċempel 1300 342 238 jew tidhol [www.diabetesnsw.com.au](http://www.diabetesnsw.com.au).

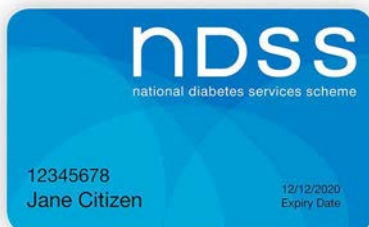
Il-prodotti tiegħek jġu impustati lilek bla ħlas.

### Min għandu jirreġistra għall-NDSS?

Residenti Awstraljani li ġew iddiyanjosati bid-dijabete minn tabib u li għandhom karta tal-Australian Medicare jew numru fil-fajl tad-Department of Veteran Affairs għandhom jirreġistraw.

Jekk inti ġejt iżżur l-Awstralja minn pajjiż b'Reciprocal Health Care Agreement, inti tista' tkun intitolat għal reġistrazzjoni temporanja mal-NDSS.

Għal aktar informazzjoni jekk jogħġbok ċempel lill-Diabetes NSW & ACT fuq 1300 342 238.



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# 24 Diabetes NSW & ACT

Diabetes NSW & ACT is a non-profit, non-government charity dedicated to helping all people with diabetes. It provides:

- education programs
- conducts public awareness campaigns
- funds research into diabetes management and the search for a cure
- advocacy, (protecting the rights of people with diabetes).

Diabetes NSW & ACT has a network of branches and support groups to provide support and encouragement for people affected by diabetes.

Our Customer Care Line has diabetes educators, dietitians and exercise physiologists available to provide personalised and practical assistance to benefit people with diabetes and their carers.

To find out about all the benefits of becoming a member of the Diabetes NSW & ACT contact 1300 342 238.

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# 24 Australian Diabetes Council

L-Diabetes NSW & ACT hi organizzazzjoni ta' karità li ma taħdimx għall-profitt, ma għandiex x'taqsam mal-gvern, iddedikata li taħdem għall-dawk kollha li jsofru bid-dijabete. Hi tipprovdi:

- programmi ta' edukazzjoni
- torganizza kampanji ta' informazzjoni mal-poplu
- tipprovdi finanzi għal riċerka fl-immaniġġjar tad-dijabete u biex tinstgħab kura
- tiddefendi, (tipproteġi l-jeddijiet tan-nies bid-dijabete).

L-Diabetes NSW & ACT għandha xibka ta' fergħat u gruppi ta' support biex jipprovdu support u inkoraġġiment għan-nies affettwati bid-dijabete.

Il-Customer Care Line għandha edukaturi tad-dijabete, speċjalisti tad-dieta u fiżjologi tal-eżerċizzju disponibbli biex jipprovdu assistenza prattikali u personalizzata għal benefiċċju tan-nies bid-dijabete u min jieħu ħsiebhom.

Biex issir taf dwar il-benefiċċji kollha meta ssir membru tal-Diabetes NSW & ACT ikkuntattja 1300 342 238.

*a Shared  
Voice*  
FOR DIABETES

For more information call us on

**1300 DIABETES**  
1300 342 238

[australiandiabetescouncil.com](http://australiandiabetescouncil.com)



ABN 84 001 363 766 CFN 12458

**STREET ADDRESS**  
26 Arundel Street  
Glebe NSW 2037

**POSTAL ADDRESS**  
GPO Box 9824  
Sydney NSW 2001

**CUSTOMER CARE LINE**  
1300 DIABETES  
1300 342 238

**PHONE** +61 2 9552 9900  
**FAX** +61 2 9660 3633

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