

# The Cycle of Care

## A guide to managing diabetes

*The risk of diabetes related complications is reduced when blood glucose levels, blood pressure and blood fats are kept as close to normal as possible. Good management of diabetes also includes feet, urine, eye and dental checks. The following targets have been set to help people with diabetes maintain the recommended cycle of care.*



### Blood Glucose Levels (BGL)

Self-monitoring of your BGL's enables you to check your own levels as often as needed or as recommended.

Regular testing can reinforce your healthy lifestyle choices as well informing you of your responses to other influences.

Your diabetes health professional will help you decide how many tests are needed and the levels to aim for. Contact your healthcare professional if results are continually outside the recommended levels.

Write down the results in your diary and take them to every healthcare professional visit.

High blood glucose levels can contribute to the development of long term complications of diabetes.

### HbA1c (Glycosylated haemoglobin)

The HbA1c test shows an average of your blood glucose level over the past 10-12 weeks. It does not show the highs and lows but gives an overall picture of your blood glucose management. The pathology laboratory does the blood test which is ordered by your doctor every 3-6 months.

**The HbA1c target level is 7% or lower. My Results:**

Date:				
HbA1c:				

### Blood Pressure (BP)

This is the measurement of the pressure at which your heart pumps blood around the body.

High blood pressure can increase the risk of heart disease, stroke and kidney disease.

You should have your blood pressure checked at every doctor's visit or at least every 6 months.

**For someone with diabetes, the target BP is less than 130/80 (130 over 80) mmHg or lower.<sup>1</sup> My Results:**

Date:				
BP:				

### Cholesterol (blood fats-lipids)

This is a type of fat in the blood. Cholesterol problems are common in people with diabetes and too much fat increases the risk of heart disease and stroke.

- Your target total cholesterol level is less than 4 mmol/L.<sup>2</sup>

There are two types of cholesterol - low-density lipoproteins (LDL's) called bad cholesterol and high-density lipoproteins (HDL's) called good cholesterol.

LDL can narrow or block your blood vessels. Keeping your LDL low helps protect your heart. **Your target level is below 2.5 mmol/L.<sup>2</sup>**

HDL helps remove deposits from your blood vessels and stops them getting blocked. Your target level is 1mmol/L or above.<sup>2</sup>

Triglycerides are another type of fat in your blood. **Your target level is less than 1.5 mmol/L.<sup>2</sup>**

- Your cholesterol level should be tested every 12 months.

**My Results:**

Date:		
Total Cholesterol:		
Triglycerides:		
HDL:		
LDL:		

### Eyes

Diabetes can cause eye problems and may lead to blindness. Complications can include cataracts, glaucoma and retinopathy (damage to certain small blood vessels of the eye). Many people don't notice any problems with their sight until retinopathy is well advanced. You can reduce the risk of eye damage by keeping your blood glucose levels, HbA1c and blood pressure at recommended levels and if you notice any changes in your vision, speak with your doctor or eye specialist immediately.

**Your eyes should be checked every one-two years by an optometrist or an eye specialist. Eyes check:**

Year 1:		Year 2:	
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### Feet

People with diabetes can develop a number of foot problems such as changes to the skin, calluses, foot ulcers and nerve damage (neuropathy), which can lead to amputation. For these reasons it is important to take good care of your feet. Your doctor or podiatrist should perform a complete foot examination at least every 6 months. You can prepare by taking off your socks and shoes while you wait.

**It is recommended that you check your feet daily for dryness, calluses, cracks, discolouration, reddened areas and blisters. Seek professional assistance if needed.**

### Urine/kidneys

Over time, people with diabetes face increased risk of damage to their kidneys (nephropathy). An early sign of kidney problems can be detected through a urine test which is simple and painless.

**Your urine should be checked yearly for microalbumin.**

### Other management goals

**Stop smoking.**

**Alcohol consumption** – two standard drinks a day for both men and women. Also include some alcohol free days each week.<sup>3</sup>

**Physical activity** - at least 30 minutes moderate intensity most days a week.<sup>4</sup>

**Food** – adopt healthy eating.<sup>4</sup>

**Waist Measurement targets:<sup>5</sup>**

Europeans: Female ≤80 cm Male ≤94 cm

South Asians: Female ≤80 cm Male ≤90 cm

**Medication** should be reviewed regularly by your health care professional.<sup>4</sup>

Whether you have teeth or dentures, gum disease and tooth decay can be prevented by seeing your dentist at least every year.

### References:

<sup>1</sup>Evidence-based Guidelines for the Management of Type 2 Diabetes. NHMRC (2004)

<sup>2</sup>National Heart Foundation Guidelines

<sup>3</sup>Australian guidelines to reduce health risks from drinking alcohol. NHMRC (2009)

<sup>4</sup>Diabetes Management in General Practice 2008/09

<sup>5</sup>The IDF Consensus Worldwide Definition of the Metabolic Syndrome - updated 2006 www.idf.org