Managing diabetes as you age

A guide for people over 65 living with diabetes
Diabetes products and services

The National Diabetes Services Scheme (NDSS) is an initiative of the Australian Government administered by Diabetes Australia. The NDSS supplies diabetes-related products at subsidised prices and provides information and support services to people living with diabetes. Registration is free and open to all Australians diagnosed with diabetes.

For more information, visit [www.ndss.com.au](http://www.ndss.com.au) or call 1300 136 588.
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Diabetes care is generally the same no matter how old you are. However, there are some specific changes that happen with age and these might affect your diabetes. You may have had diabetes for a long time, and in your later years you may have other health issues. This booklet gives you information to help you manage your diabetes as you grow older.

For more information about diabetes, visit www.ndss.com.au or call your state or territory diabetes organisation on 1300 136 588.
Managing the effects of ageing

The rate at which we all age varies a great deal. Ageing involves physical and mental changes that affect sight, hearing, memory, sensation, balance and mobility. These kinds of changes can make it difficult to continue to take care of ourselves and stay independent. It is important to still stay connected with people and to do things you enjoy as it allows you to continue to feel good and have a sense of control as you age. This may mean changing the way you do some things. For example if you used to love reading, but have trouble with your sight, you could try listening to an audio book instead.

It can sometimes be difficult to tell the difference between symptoms and signs that are caused by diabetes and those that are a part of the ageing process.

Healthy tip

Getting older can mask some diabetes symptoms.

Example 1: When you were younger, and your blood glucose levels were high, you may have felt thirsty. As you get older, if you have high blood glucose levels you may lose your sense of thirst. This may affect the way you manage your diabetes and may unknowingly cause you to become dehydrated.

Example 2: As your body ages, the way it absorbs medicines can change. This may affect your blood glucose levels and the way you manage your diabetes.
Managing blood glucose levels
The blood glucose targets you had when you were younger may no longer be safe for you as you age. If you are frail, or if you take other medicines or have other health problems, you may be at greater risk of hypoglycaemia and falls.

It is recommended that your doctor reviews your targets on a regular basis. They can help set blood glucose targets that will keep you safe.

The target blood glucose levels for people over 65 who are living independently is generally between 4 and 10 mmol/L. This range may increase to between 6 to 15 mmol/L if you take medication for your diabetes, become frail, have other health problems or are at risk of falls. Ask your doctor what targets you should be aiming for.

Blood glucose meters and other devices used to help manage your diabetes need regular review, testing and upgrading. Your diabetes educator or pharmacist may be able to help you with this.

**Healthy tip**

Once you turn 65, ask your doctor to review your blood glucose targets regularly.
Managing hypoglycaemia

Hypoglycaemia (often known as a ‘hypo’) means a low blood glucose level. It can occur in people who inject insulin or take certain diabetes medications. It is not a problem for those who manage their diabetes through a healthy eating plan alone.

Growing older can add extra risk factors which can lead to a hypo. These risk factors include having a poor appetite, being on four or more medications, or having kidney disease or other illnesses or conditions.

You may also find that your hypo warning symptoms change as you get older. When you were younger, early warning signs of a hypo may have included hunger, sweating, weakness, trembling, headache, dizziness, and tingling of the mouth and lips. As you get older, your warning signs may become less obvious. You may just feel tired or confused or you may feel nothing at all. If you think your warning signs have changed, please discuss this with your doctor or diabetes educator.

**Healthy tip**

It is important for you and your family to know what to do if you have a hypo. Talk to your health care team about developing a hypo plan that is personalised to your hypo risk.

There are several causes of hypo in people over 65, including:

- having too much insulin or diabetes medication in your system
- losing your appetite, skipping meals or not eating as much as you used to
- doing extra activity
- drinking alcohol.

Here are some guidelines on how to treat a mild/moderate or severe hypo.
## How to treat a hypo

<table>
<thead>
<tr>
<th>Treatment for mild/moderate hypo – for you</th>
<th>Treatment for severe hypo – for your family or carer</th>
</tr>
</thead>
<tbody>
<tr>
<td>If the person is conscious and able to swallow, follow the steps below.</td>
<td>If the person is unconscious, drowsy or unable to swallow, this is an emergency.</td>
</tr>
</tbody>
</table>

### Step 1

If possible, check your blood glucose level. If it is less than 4 mmol/L or the target set by your doctor, have some quick-acting carbohydrate, such as:

- ½ can of regular soft drink (not diet) or
- 150–200 ml of fruit juice or
- 3 teaspoons of sugar or honey or
- 6 or 7 jelly beans or
- glucose tablets equivalent to 15–20 grams of carbohydrate.

Symptoms usually disappear after 10–15 minutes. However, if the blood glucose level remains low, symptoms are still present or you have no hypo warning symptoms, repeat step 1.

If your blood glucose level is above 4mmol/L or the target set by your doctor, move to step 2

### Step 2

If your next meal is more than 20 minutes away, eat some long-acting carbohydrate, such as:

- 1 slice of bread or
- 1 glass of milk or soy milk or
- 1 piece of fruit or
- 1 tub of yogurt.

Here’s what to do:

- **Do not give the person any food or drink by mouth.**
- Place the person on their side, making sure they can breathe and that they do not have any food or other things in their mouth or nose.
- Phone for an ambulance (dial 000) stating a ‘diabetic emergency’.
- Give them an injection of glucagon (if available and if you are trained to give it).
- Wait with the person until the ambulance arrives.

A hypo is a blood glucose level below 4 mmol/L. This blood glucose level may be increased, depending on your overall health as you age. There is no ‘one size fits all’, and it’s recommended that you talk to your doctor about the best treatment level for you.
Managing hyperglycaemia
It is not uncommon for people with diabetes to have a high blood glucose level. Generally a blood glucose level over 15mmol/L is considered hyperglycaemia and should prompt you to think why it could be high. A high blood glucose level every now and then is not a problem. However, if you get symptoms of hyperglycaemia or your blood glucose levels remain high for a few days, it is really important to contact your doctor.

There are several causes of hyperglycaemia in people over 65:
- too little insulin or diabetes medicine
- food intake not being covered adequately by insulin or medication
- decrease in activity
- illness, infection or injury
- severe physical or emotional stress
- taking certain medications, in-particular oral steroids or steroid injections
- insulin pump not working properly.

If you have a blood glucose level over 15mmol/L and you are not sure what to do, or if you are becoming unwell, contact your doctor. Also refer to our 'Managing sick days' section on page 12.

**Healthy tip**

As you get older you may find your hyperglycaemia warning signs change. When you were younger, early warning symptoms of a hyperglycaemia may have included increased thirst, passing lots of urine, nausea, blurred vision or a dry mouth. Now you are older, your warning signs may become less obvious. You may just feel tired or confused or you may feel nothing at all. If you think this might affect you, it is strongly recommended that you discuss this with your doctor or diabetes educator.
Managing sick days
When you are unwell, you need to take extra care. Your diabetes may become harder to manage when you are sick.

It can be really helpful to talk to your doctor or diabetes educator about what to do if you become sick, before it happens. How you manage will depend on whether you have type 1 or type 2 diabetes. Your doctor or diabetes educator can help you write a plan for what to do if you become unwell. Make sure you give a copy of the plan to your family and friends, so they also know what to do.

**Healthy tip**

If you talk to your doctor or diabetes educator now about a sick day plan, you will be prepared. Keep your plan handy and make sure you give a copy to your family and friends.
The way you should manage a sick day depends on whether you have type 1 or type 2 diabetes. Following are some general guidelines.

<table>
<thead>
<tr>
<th>Action</th>
<th>Type 1</th>
<th>Type 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tell someone</strong> – if you are alone, tell someone you are unwell so they can check on you.</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td><strong>Check your blood glucose levels (BGLs)</strong></td>
<td>Every 2 hours</td>
<td>Every 2–4 hours</td>
</tr>
<tr>
<td>If your BGL is above 15mmol/L check every 2 hours</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Check for ketones</strong></td>
<td>Every 2 hours</td>
<td>Does not apply</td>
</tr>
<tr>
<td>Ketone levels can be checked in either urine or blood, using the appropriate testing strips. You should contact your doctor immediately if you have moderate to large amounts of ketones present in your urine or blood.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Think about your medications</strong></td>
<td>Keep taking your insulin even if you can’t eat much, are vomiting or have diarrhoea. You may need to have more than usual and your doctor or diabetes educator can help you plan for this.</td>
<td>If you usually use insulin, keep taking it even if you can’t eat much, are vomiting or have diarrhoea. Some medications, such as metformin, may need to be stopped if you are vomiting or have diarrhoea. Check with your doctor to see what you should do with your medicines when you are sick.</td>
</tr>
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</table>
## Sick day management guidelines

<table>
<thead>
<tr>
<th>Action</th>
<th>Type 1</th>
<th>Type 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Keep drinking and eating if possible</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>– it’s important to avoid becoming dehydrated by drinking extra fluid every hour. If you are:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• still able to eat – drink unsweetened fluids such as water or weak tea/coffee</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>• unable to eat and your BGL is below 15mmol/L – drink sweetened fluids such as ordinary soft drink, tea/coffee with 1 tablespoon of sugar or honey</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>• unable to eat and your BGL is above 15mmol/L – drink unsweetened fluids such as water or weak tea/coffee</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td><strong>Go to hospital or call your doctor immediately if you:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• are concerned about low BGLs or experiencing hypoglycemia (hypo)</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>• have ketones that are moderate to high and BGL is over 15 mmol/L</td>
<td>✔</td>
<td>Does not apply</td>
</tr>
<tr>
<td>• have high BGLs and you don’t know what to do</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>• can’t keep food or fluids down and have persistent vomiting, diarrhoea and/or abdominal pain</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>• continue to feel unwell, become drowsy or breathless</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>• have a ‘fruity’ odour to your breath (you may be at risk of diabetes ketoacidosis)</td>
<td>✔</td>
<td>Does not apply</td>
</tr>
<tr>
<td>• are unsure what to do (and your support person is also unsure)</td>
<td>✔</td>
<td>✔</td>
</tr>
</tbody>
</table>
Managing your medicines

Getting older can mean we develop other medical conditions, in addition to diabetes. This can result in needing extra medications or changing the medicines you are already on. Your doctor may review your medications for diabetes and change them to work better with your daily routines and reduce issues like hypoglycaemia. Having a poor appetite, changing your level of physical activity, or missing meals or medicines due to memory problems can affect how your medicines work.

*Healthy tip*

The way your body uses medicines can change with age, and medicines can work differently if you have a poor appetite, miss a meal or become less active.
There is help out there, in the form of aids and information:

- **Insulin pen cap or recording pen:** If you take insulin, consider getting an insulin pen cap (sometimes called a Timesulin cap) that tells you when you last used your insulin pen, or getting a new type of insulin pen that keeps a record of when you last had insulin and how much you injected.

- **Dose Administration Aid:** Talk to your pharmacist about whether a Dose Administration Aid (sometimes known as a Webster-pak) would help you remember to take your medicine. These are made up by your pharmacy and they separate your medicines into days and times, making it easy to check whether you have taken your medication.

- **Calendar or diary:** Consider using a calendar or diary and placing a tick on the date and time when you take your medication. That way, you can check if you have taken your medicines.

- **Home Medicines Review:** If you are concerned about the number of medicines you are taking and how they interact, you can ask your doctor to arrange a Home Medicines Review for you. A specially qualified pharmacist will visit you at home, and go through the medicines you take and your daily routines. The Home Medicines Review will provide your GP with recommendations about how best to manage your treatment in line with your lifestyle routines and health conditions. It is also an ideal opportunity to find out more about your medicines, including how to take them for the best results and to minimise any side effects. From there, your GP will work with you on any necessary adjustments.

- **Diabetes MedsCheck:** Some community pharmacies offer a service called a Diabetes MedsCheck. This is an in-pharmacy review with a focus on your diabetes medicines management, monitoring devices, education and self-management. This service is targeted at people who cannot access other diabetes education or health services in their community.

- **National Prescribing Service:** In addition to your GP, pharmacist and diabetes educator, the National Prescribing Service is also available to help you with any questions you may have about your medications. You can call their Medicines Line from Monday to Friday, 9am – 5pm AEST, by phoning 1300 633 424.
Many older people worry about their ability to think clearly and remember. For most older people, thinking and memory stay relatively intact in later years. However, if you or your family notice that you are having problems remembering recent events or thinking clearly, let your doctor know.

**Healthy tip**

All people with diabetes over the age of 65 should have their memory checked by their doctor once a year.
Here are some tips for helping with memory loss if it affects you:

- **Keep a record:** Make a note of your blood glucose results in a blood glucose level record book, to make it easy to see when you last checked your blood glucose level.

- **Tick it off:** Keep a diary or checklist recording what medicine you took and when you took it.

- **Write yourself a note:** Place sticky note reminders to yourself to check your blood glucose levels and to take your medicines.

- **Set alarms:** Set an alarm on your watch, clock radio, oven or phone to remind you to check your blood glucose level and to take your medicines.

- **Keep them close:** Keep your meter and medicines in an easy-to-spot place such as on the kitchen bench or next to your phone.

- **Use an aid:** Talk to your pharmacist about a Dose Administration Aid or a Webster-pak (refer to the ‘Managing your medicines’ section on page 19).

- **Get a friendly reminder:** Have a family member or friend remind you to check your blood glucose levels or take your medicines.

- **Ask your pharmacist:** Ask your pharmacy whether they can send you a reminder when your medicines are due for re-supply or when you need a new prescription.

- **Use memory devices:** Talk to your local diabetes association about devices that may be available to help you. These include blood glucose meters with built-in alarms to remind you to monitor your blood glucose levels throughout the day, and insulin pens with a built-in memory that can recall the time and how many units of insulin you injected.
As we get older, we have a higher risk of falls that can cause serious injuries. Having diabetes further increases that risk because you may experience hypos or hyperglycaemia, or your diabetes may have affected your vision, balance or the feeling in your feet. You are also more likely to be on multiple medications, which can also increase your risk of falls.

*Healthy tip*

Let you doctor know if you are worried about falling or if you have a fall, even if you don't hurt yourself.
Don’t let falls catch you out:

- **Share your fears:** Let your doctor know if you are worried about falling.
- **Make a plan:** Ask your doctor to develop a falls action plan for you so you know what to do if you fall.
- **Tell your doctor:** If you have a fall, let your doctor know, even if you don’t hurt yourself. That way your doctor can figure out what caused the fall and how to prevent falls in the future.
- **Review your medicines:** The more medications you are on, the greater your risk of falls. Ask your doctor or pharmacist if they think your medicines should be reviewed if you are taking four or more medicines.
- **Get physical:** Be active to improve your balance, strength and flexibility (refer to our ‘Managing physical activity’ section on page 24).
- **Choose sensible shoes:** Wear properly fitting, sturdy shoes with non-skid soles. Avoid wearing high heels, floppy slippers, thongs and stockings or socks with no shoes as they can make you slip, stumble and fall.
- **Put safety first:** Look around your home to see if you can make it safer. Think about hazards both inside and outside, such as loose carpet, electrical cords or hoses in walkways, or storing items in hard-to-reach cupboards.
- **Light the way:** Keep your home brightly lit to avoid tripping on objects that are hard to see.

**Healthy tip**

If you have had a fall already, or you are at risk of falling, you may consider getting a personal medical alarm. Personal alarms are devices that can be used to alert a family member, a friend or a monitoring service in a medical emergency. If you live alone, a personal alarm may help you to feel safe and stay independent in your own home. It will also reassure your family and friends that if you are in trouble you can easily call for help.

Talk to someone in your health care team if you think a personal alarm might help you.
As we get older, it can be challenging to stay nourished and maintain healthy eating habits. Our lifestyle and appetites can change and chronic conditions such as diabetes can take up our time and energy, and affect our food choices. Healthy eating can help you manage your blood glucose levels, cholesterol and blood pressure.
It is important to:

- eat a variety of foods
- be as active as you can be
- drink plenty of fluids every day, preferably water
- take your diabetes medicines with food, or as advised by your doctor
- keep your weight stable and close to the healthy range for your height, age and health. Ask your doctor what a good range would be for you and don’t try losing weight without talking to your doctor first. Weight loss in people over 65 can sometimes do more harm than good.

You should contact your health care team if you:

- lose your appetite
- are losing weight without trying
- experience incontinence or constipation
- have trouble with a sore mouth or gums, your teeth, dentures or swallowing
- have trouble grocery shopping or cooking.

Healthy tip

The NDSS has a free booklet, *Healthy eating – a guide for older people living with diabetes*, which is available by visiting www.ndss.com.au or by calling 1300 136 588. The booklet covers topics such as nutrition and daily food needs as you age, and healthy weight ranges for older people.

The booklet has tips about what to do if you lose your appetite and how to gain weight if you are sick, frail or have lost weight. It also has daily meal plans, delicious recipes, and tips for shopping and cooking for one or two.
Managing your physical activity

The ageing process, the complications of diabetes, and other health issues can result in physical limitations that have an impact on our lives. You may experience vision problems, hearing loss, have less physical energy and flexibility, or be in pain.

Healthy tip
You are never too old to start exercising. Talk to your doctor first, then start off slowly and build up – and do it with a friend.
It is important to:

- have your feet checked every six months
- have your hearing tested every year
- have your eyes tested every two years (or more often if advised), and
- let your doctor know if you have pain, feel sore or are uncomfortable in any part of your body.

Sometimes people think they are too old or frail to exercise, but any increase in activity can make a difference to your health and wellbeing. It is recommended that people over 65 years do at least 30 minutes of moderate physical activity on most – preferably all – days. If you are already this active, keep going!

If you have not been this active or you have not exercised for a while, it is a good idea to talk to your doctor before you start. Begin slowly and build up: for example, if you are aiming for 30 minutes of walking per day, start with 10 minutes once or twice a day. After two weeks, make it 15 minutes twice a day and you will have reached your goal of 30 minutes a day.

There are many ways you can keep active such as walking, gentle swimming, working in the garden, washing the car, dancing or Tai Chi. Being physically active in company with other people can be very sociable, and can keep you motivated and committed. Try walking with a family member, friend or neighbour, or see what senior classes your local council offers.

It is important to do a range of activities that include fitness, strength, flexibility and balance. If you are not sure how to do all these types of activities, or you are not sure what activities are suitable for you, talk to your doctor or an exercise physiologist. They can help tailor a program just for you.
Many older people face significant life changes that can put them at risk of anxiety and depression. Loneliness and isolation, a reduced sense of purpose, fears about the future and bereavement can all contribute to feelings of helplessness and depression.

Living with diabetes can also be tiring and worrying for you and your family. Diabetes means you look after yourself every single day, with no breaks. This constant pressure can take its toll and you may feel anxious or depressed.

Symptoms of anxiety and depression in older people are sometimes not recognised, because they can be seen as part of ‘growing old’. It is important for you to talk to your doctor or other health professional about getting the right advice and support.
Seek help if you:

- feel sad
- feel tired, sleep a lot or have daytime sleepiness
- have trouble falling or staying asleep
- have unexplained or aggravated aches and pains
- are reluctant to be with friends, participate in activities or leave your home
- lose weight or your appetite
- lack motivation or energy
- have slowed movement or speech
- neglect your personal care (such as skipping meals, forgetting your medicine or neglecting personal hygiene)
- are frequently worried or have concerns about a number of things in your life including your health
- have feelings of worthlessness or self-loathing
- are fixated on death or have thoughts of harming yourself or suicide.

**Healthy tip**

If you or someone you know has feelings of anxiety and depression speak to your doctor about accessing the support you need for your emotional wellbeing.

If you need to talk to someone immediately contact:

- Beyond Blue Support Service on 1300 22 46 36
- Lifeline 13 11 14
Managing other health issues and complications

Healthy tip
Managing your diabetes can become more difficult with age. Communication is the key: ask questions of all of your health care providers, and make sure they are all talking to each other about your treatment as well.
Over the age of 65 years, you may be more likely to have chronic (ongoing) health conditions in addition to diabetes. If you have had diabetes for some time, you may also have complications from your diabetes.

These additional health problems can make it more difficult to manage your diabetes and overall health. You may be under the care of several different health care providers, and you may take multiple medications, making it challenging to find a balance. For example, a medicine may be useful in treating one health problem, but it might make another issue worse.

Here are some tips if you have multiple health conditions and several health care providers caring for you:

- have regular medical check ups
- make sure members of your health team are talking to one another about your care. Sometimes having your GP as a central point of care can help with this. You can ask for copies of all your reports and results from other health care team members, such as a specialist or dietitian, to be sent to your GP
- make sure each member of your health team knows what your health priorities are
- be informed and don’t be afraid to ask questions
- if you have any concerns about your medicines, talk to your pharmacist or doctor (see the ‘Managing your medicines’ section on page 16).

**Healthy tip**

The NDSS has a free booklet *You and your health care team - a guide for people over 65 living with diabetes*, which is available by visiting www.ndss.com.au or by calling 1300 136 588. The booklet provides information to help you work with your health care team.
As you grow older, you need to make decisions about your future. You will need to decide when to get some extra help in the home, when to move into an aged care facility, when to stop driving, and how you would like to be cared for towards the end of your life. These things are not always easy to consider or talk about, but starting the conversation about how you want to live in later life is a positive thing to do.
Your GP is a great person to involve in these decisions, and they can often refer you to the right people or organisation who can help further. Here are some things you could discuss with them:

- **An Aged Care Assessment Team (ACAT) review:** This can be organised by your GP if you need some extra help at home or if you are thinking about moving into an aged care facility. In most states it is undertaken by an Aged Care Assessment Team (ACAT) but in Victoria it is called the Aged Care Assessment Service (ACAS). Some people feel worried about the idea of an assessment, but it is just a way of working out how much help you need and what type of care or services you are eligible for. It is a free service. For the most up-to-date information about ACAT or ACAS and getting help at home, visit www.myagedcare.gov.au or call 1800 200 422.

- **Advance Care Planning:** Advance Care Planning is a process that helps you to plan for future medical care. It is relevant at any age. The planning process involves thinking about your values and beliefs and your wishes about what medical care you would like to have if you are not able to make your own decisions. An important part of the planning process is to discuss your wishes with your family and other people who are close to you, as well as talking to your medical team. You may also choose to write down your wishes in an Advance Care Directive, sometimes called a ‘living will’. A good way to start this process is to chat to your GP.

*Healthy tip*

You are never too young to start planning for the future. Talk to your family and doctor about an Advance Care Directive or 'living will'.

We hope this booklet has given you some good general tips about living with diabetes as an older person. We have summarised these tips in a checklist (below) that will help you manage diabetes as you age.

- Have your blood glucose targets regularly reviewed by your doctor
- Develop or review your hypoglycaemia (hypo) plan with your healthcare team (if you inject insulin or take certain medications for your diabetes)
- Develop or review your hyperglycaemia (hyper) plan with your healthcare team
- Develop or review your sick day plan with your healthcare team
- Have the following things reviewed regularly by your healthcare team:
  - medicines
  - memory
  - falls risk
  - food choices
  - physical activity
  - emotional wellbeing
- Make sure members of your health team are talking to one another about your health management
- Consider getting a personal medical alarm
- Talk to your family and doctor about an Advance Care Directive, sometimes called a ‘living will’.

For more information about diabetes, visit www.ndss.com.au or call your state or territory diabetes organisation on 1300 136 588.