Hypoglycaemia, or a 'hypo' as it's more commonly known, can develop quickly - in just 15 minutes – so it's important to be aware of the warning signs. Most importantly, get your friends and family to recognise the signs too!

Typical signs of a 'hypo' include feeling trembly or shaky; sweating more than usual; feeling anxious or drowsy; feeling hungry; sensing your heart racing; being unable to think straight; having a headache; or tingling around your mouth.

The solution? Always carry quick-acting carbohydrates with you, like jelly beans, bananas or soft drinks, and take these as soon as a 'hypo' comes on. Follow this with longer-lasting carbs (low GI) like those found in a sandwich, yoghurt or a

If you've left it too late and are in serious trouble and on the verge of becoming unconscious, a Glucagon injection is essential, so keep this handy at all times. And, again, make sure people close to you know how to use it! If no one around you is capable of injecting the Glucagon, it's vital that someone call 000 and advise that this is a diabetic emergency to ensure a speedy response.

Always wear some sort of diabetes identification, such as the ID bracelets available through pharmacies or Diabetes Australia.

Want to know more? Call 1800 LANTUS (1800 526 887) to speak to a nurse consultant.

## Incidentally

No matter what diet or weight loss program you follow, you will lose weight if you move more - and eat less. With this in mind, fitness trainer Nick Tait of Momentum Fitness suggests we all get smarter at what he calls 'incidental exercise', which is exercise you do when you're not even aware of it. "Make these activities lifelong habits and your body will thank you," says Nick. See how many of these activities you can achieve

- Park the furthest distance from the shopping centre entrance, and walk
- Throw away your TV remote control (really!)
- Take the stairs whenever possible, not the lift
- Walk to the corner store when you need bread or milk
- Join your children at play; don't just watch them
- Go for a walk in your lunch break
- Walk the dog daily
- Get off the bus one or two stops before your regular stop
- Vacuum the house with gusto
- Walk while you talk on the phone
- Never sit still for more than half an hour during the day
- Get out into the garden and make things grow!

and your Lantus treatment, we'd love to hear from you. Email us at costars@sanofi.com

# Source: Nick Tait / 0409 653 542 nick@momentumfitness.net.au If you'd like to share your experiences with diabetes

# Chicken, mushroom and spinach crêpes



Recipe and image courtesy of Diabetic Living magazine – www.diabeticliving.com.au

### **Ingredients**

Serves 2 (as a main)

1/2 teaspoon extra virgin olive oil

1 leek, halved lengthways, washed, thinly sliced

250g flat mushrooms, sliced

- 1 garlic clove, crushed
- 2 tablespoons water
- 250g skinless chicken breast fillet, trimmed of fat, thinly sliced diagonally

60ml (1/4 cup) reduced-salt chicken stock or reduced-salt, gluten-free stock

60g (1/4 cup) reduced-fat cooking cream alternative

40g (4 cups) baby spinach leaves freshly ground black pepper, to taste 4 frozen French-style crêpes, defrosted salad leaves, to serve (optional)

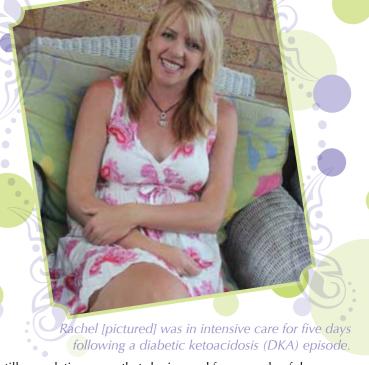
### Method

- 1. Heat oil in a large non-stick frying pan on medium-high. Add leek, mushroom and garlic. Cook, stirring, for 2 minutes. Add water. Reduce heat to low. Cook, covered, stirring once, for 5 minutes, or until leek softens.
- 2. Increase heat to high. Add chicken. Cook, stirring, for 1–2 minutes, or until chicken changes colour.
- 3. Whisk together stock and cooking cream in a small bowl. Add to frying pan and simmer for 2 minutes. Stir in spinach and cook, tossing, until it wilts. Season with pepper.
- 4. Meanwhile, heat crêpes, following packet directions.
- 5. Divide filling between crêpes. Fold crêpes over. Serve with salad leaves, if desired.

(This recipe was prepared with Philadelphia Light Cream for Cooking and Creative Gourmet French Style Individually Frozen Crêpes.)

# Diabetes CoSTARS

# Practice



 ∧ other-of-three Rachel Patten believes the most important thing about managing diabetes is checking your blood glucose levels daily. "It's the easiest thing to get slack about, but you have to do it at least twice a day to avoid the risk of hypos," she says. "I'm generally happy if my blood glucose level is below 10."\*

This part-time hairdresser, who was diagnosed with type 1 diabetes at the relatively late age of 29, says she was initially 'pretty flat' when she got the news. "I had three small girls all under the age of 10 and I wondered how I was going to manage," she confides. "But after about six months, I got my head around it and I was fine."

Both Rachel and her older sister, Fiona, who also has type 1 diabetes, have participated in a long-term research study investigating whether cow's milk protein (as opposed to mother's milk at the breastfeeding stage) can trigger the appearance of diabetes autoantibodies that can predict the risk of developing clinical type 1 diabetes.

The research study is still speculative, but even so, Rachel is pleased to do what she can to help scientists get to the bottom of what triggers diabetes. Personally, she believes in encouraging her family to take whatever preventive action possible. "We emphasise a positive attitude, make a point of focusing on a healthy diet, and none of us are couch potatoes," she says.

When it comes to managing diabetes, I recommend a positive attitude and a determination to take control

Nevertheless, blips do sometimes occur, and Easter in 2010 is a time Rachel won't easily forget. Struck by a sinus infection

that she ignored for a couple of days, Rachel woke on Easter Monday night with an enormous thirst. By 8am, she was vomiting ferociously, and by 9am she was vomiting blood.

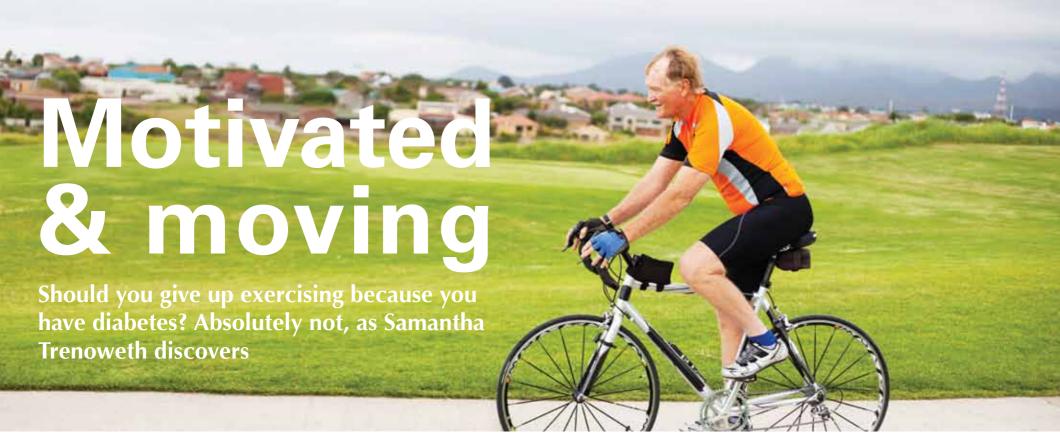
"I was taken to hospital and spent five days in Intensive Care," she says thoughtfully of her diabetic ketoacidosis (DKA) episode. "That was a bit of a wake-up call. My periods, a skin infection, a cold... anything untoward can affect my blood glucose levels, and I need to stay mindful of that."

Rachel, now 38, often speaks to those living with diabetes, because she wants to help others. "Children are most commonly frightened of the injections," she says. "I explain that you can work out where the good spots are to inject without any hassle; that you just have to stay calm and feel your way around."

"When it comes to managing diabetes, I recommend a positive attitude and a determination to take control," says Rachel. "That's what works for me."

Treatment effects and experiences with diabetes can vary from person to person.





t's Monday morning. Geoff Bell rises early. He fries an egg and has a can of tuna for breakfast, then downs a tea. He pulls on his bike shorts, packs a lunch and a change of clothes into his backpack and heads out of the door, just as his wife and three children stumble, bleary-eyed, out of bed.

Geoff cycles to work three or four mornings a week and often takes a marathon 80km ride on the weekend. He's always been a fairly active bloke, but, since he was diagnosed with type 2 diabetes four years ago, he has made exercise an integral part of his life.

"I had to work exercise into my day-to-day routine," says Geoff, "For me, going to the gym or trying to fit exercise classes around work and family would have been a recipe for failure. And you don't want to do something you'll get bored with. That's why I ride to work: I enjoy it, it's something I can do most days, and it's become a habit."

Has the exercise made a difference to Geoff's diabetes? He believes it has. "When I was first diagnosed," he explains, "my HbA1c (glycated haemoglobin) was 14. I went on a low-dose oral medication, changed my diet completely and made exercise a much more regular part of my life. Within three months, my HbA1c was at six, and it's stayed there for more than three-and-a-half years."

An increasing number of scientific studies show that exercise is, as Geoff believes, among the most effective means of improving and maintaining blood glucose control.

Kelly McLeod is an exercise physiologist who works in the Lifestyle Clinic at the

UNSW Faculty of Medicine. She explains the growing body of research results.

"A well-targeted, regular exercise program is as effective as some oral medications at keeping blood glucose levels low," she explains. "Many doctors now prescribe exercise either instead of medication, or in conjunction with it."

Exercise physiologist
Kelly McLeod says
her clients value
exercise, but struggle
with boredom and
motivation down
the track

All exercise is, however, not equal when it comes to addressing diabetes. For example, tai chi and yoga may help beat stress, while aerobic exercise increases fitness and impacts blood glucose levels.

To see really impressive blood glucose results, an exercise program should include high-intensity resistance training using weights or weight machines. And the best results of all happen when aerobic exercise and high-intensity resistance training are combined.

The reason this combination works so well is that it increases fitness, helps with weight loss and, most importantly, builds and strengthens skeletal muscle,

addressing insulin resistance where it occurs.

"Resistance training doesn't just build muscle," Kelly explains. "A change occurs in the muscle when training, making it more receptive to insulin."

HbA1c levels can decrease by just over one per cent after four to six months of regular, high-intensity resistance training. These can be reduced even further (by around two per cent in total) when resistance training is combined with an optimal program of aerobic exercise.

A reduction (in HbA1c) of two per cent may not sound like much, but when you

consider that a reduction of just 0.9 per cent can lower the risk of diabetic complications like heart disease, stroke, eye and kidney disease and peripheral neuropathy by a whopping 35 per cent, you begin to understand the value of exercise.



trouble convincing her clients of the value of exercise. If they do strike problems, it's usually further down the track, when boredom and motivation become an issue.

"Changing the routine or the exercise environment can help," she suggests. "If a client gets sick of cycling, I suggest they switch to swimming or jogging, or combine all three. Sometimes it's helpful to exercise with a group or partner or friend. Others may prefer to exercise at home alone, maybe with a DVD.

"Many people can be defeated by the challenge of fitting exercise into already busy lives. Ideally, we should all exercise for 30 minutes a day but, if you can't get 30 minutes all in one block, perhaps you can get two 15-minute blocks. This may just mean walking to and from the station on your daily commute. Sometimes it's about starting small and gradually adding to a routine that works around your lifestyle."

Kelly also offers a word or two of caution. It's important that people with diabetes check with their GP or specialist before launching into a new exercise program. It's also vital to check blood glucose levels before and after a workout and to carry a little food in case of a hypoglycaemic attack. (See *Treating a hypo* overleaf.)

Finally, Kelly recommends working out in well-fitting, appropriate footwear and checking your feet before and after exercise, so you can deal with blisters and other damage right away.

She points out that exercise physiologists are trained to create programs for people with chronic illnesses, including diabetes. Consultations with them are available on care plans from your GP, which allow for a significant Medicare rebate. For more information, visit www.essa.org.au or talk to your doctor.



# Fun under the sun

Here's a round-up of useful resources to get you off the couch and help you choose an activity that will get you moving more and meeting new people with similar interests



1 Dragon boat racing: Why not try one of Australia's fastest-growing sports and most sociable ways to get an all-over workout (after the initial arm-aching adaptation period)? Breast cancer survivors have made it a national pastime, but anyone can join in. It typically costs nothing while you try it out, so pick a club near you, and paddle up. (www.ausdbf.com.au)



2 Surfing: You don't have to be Mark Occhilupo or Stephanie Gilmore to enjoy a surf! Join a Surf Life Saving Club and bodyboard, kneeboard, surf competitively, barrack for your little Nippers, or just volunteer to help around the club. You'll enjoy some sunshine along the way. (www.sls.com.au)



3 Aqua aerobics: There's nothing nicer than exercising without much sweating, and aqua aerobics does just that. Plus, it's sociable, non-weight-bearing, and offers an easy-to-achieve workout. Cool down now in aqua bliss while bettering your body! Contact your local pool or community health centre for details of water exercise classes in your area.



4 Tai chi: This ancient Chinese art of 'gentle exercise' whereby groups simply assume different postures under shady trees in parks, is not quite as simple as it looks. In fact, the practice of tai chi improves posture and balance and increases muscle strength in the lower body, while also enabling a better 'flow' of body energy and decreasing stress. (www.taichiaustralia.com.au)



Martial arts: You can start tae kwon do at the age of 70 if you want; the key is learning self-defence, while getting stronger and fitter. Be empowered by the varied types of martial arts; check out a karate or jiu-jitsu class today! (www.dojos.com.au)



Bushwalking: If you enjoy communing with nature, then what better way to tone body and mind? Every state has bushwalking options to suit different fitness levels, so join a club and make new friends as you walk.



(www.bushwalking australia.org/sitemap.html)

**7** Ballroom dancing: Who said exercise had to be boring? You can learn new moves for the next wedding you attend. The key is to let go of your inhibitions, and enjoy the feeling! (www.dancesport.org.au)