

SPORTS

I used to enjoy swimming, but have been worried about going back to the pool since I have been on insulin. What if I had a hypo?

A hypo while swimming can be serious and you are right to be concerned about it. However, don't let your concern stop you swimming. There are certain simple rules that all people taking insulin should follow before swimming; these will allow you to swim with complete safety.

- Never swim alone.
- Tell your companions to pull you out of the water if you behave oddly or are in difficulty.
- Keep glucose tablets or Lucozade on the side of the pool.
- Get out of the water immediately at the first signs of a hypo.

If you are a keen swimmer and want to take up scuba diving, the British Sub-Aqua Club does impose some restrictions. It requires people taking insulin who wish to scuba dive to have an annual medical review, to be free of any long-term complications of diabetes, and insists that they always dive with another person who does not have diabetes. You can contact the Club for more details – the address is in Appendix 2.

Can I take part in all or any forms of sport?

The vast majority of sports are perfectly safe for people with diabetes. The problem lies in those sports where loss of control due to a hypo could be dangerous, not only to you but to fellow participants or spectators. Swimming is an example of a potentially dangerous sport but, if you take certain precautions it is safe (see pre-

vious question). However, in some sports (such as motor racing) the risk of serious injury in the case of a hypo is even greater. The governing bodies of such high-risk sports discourage people with diabetes from taking part. Discouragement does not necessarily mean a total ban – the restrictions may vary depending on whether you are on diet, diet and tablets, or insulin. You can always contact the appropriate governing body to ask what (if any) restrictions they impose. Skiing is discussed in the section on *Holidays and travel* later in this chapter.

Are people with diabetes allowed to go parachuting? I want to do a sponsored parachute jump to raise money for charity.

You can probably do your sponsored jump, but it will depend on your current treatment. If you are on diet alone, or on diet and biguanides, restrictions are minimal. If you are on sulphonylureas or insulin the restrictions are much greater – you will need a medical certificate to state that you are well controlled, and you will be permitted to jump only in tandem. The British Parachute Association (address in Appendix 2) can give you more information about this.

As a 30-year-old with diabetes, can I join a keep fit class or do a work-out at home?

Keeping fit is important for everybody. Like everyone else, if you are unused to exercise, you should build up the exercises slowly week by week to avoid damaging muscles or tendons. Remember that exercise usually has the effect of lowering blood glucose, so you may need to reduce the insulin dose or take extra carbohydrate beforehand (see the first question in this section).

I have Type 2 diabetes and am overweight and not well controlled despite a maximum dose of tablets. I have been advised to join an exercise class. Will this be worth the effort?

It has been shown beyond doubt that, if you can change your lifestyle and improve your fitness by taking regular exercise, this will have a major beneficial effect on the control of your diabetes and your risk of heart disease.

I take insulin and jog quite a bit. I would like to try running a marathon. Have you any advice on the subject?

It is perfectly possible to run a marathon while taking insulin for diabetes. We suggest that you progress gradually from jogging short distances to a full marathon distance. Everyone is different and you will need to discover by trial and error how your body responds to endurance exercise. It may not sound very easy but you will have to check your blood glucose levels frequently to find out how to match your energy intake and expenditure. You will need plenty of 'slow' carbohydrate (e.g. porridge) to maintain your energy levels. Since endurance exercise increases insulin sensitivity, you will probably find that you need to take much less insulin while running long distances. You should carry glucose in the form of tablets or high-energy glucose drinks.

Diabetes UK produces factsheets on long-distance running and some other sports. Once you have reached the required standard, you should think of joining Diabetes UK's team for the London Marathon.

EATING OUT

My wife and I entertain a great deal and we often go out for meals in a restaurant. I have recently been started on insulin for diabetes. How am I going to cope with eating out?

Nowadays people with diabetes usually eat similar food to anyone who is following a healthy lifestyle. Although you should normally try to avoid foods that are obviously high in sugar and fat, this may be difficult when you are visiting friends.

Restaurants or takeaways should pose less of a problem as you can select suitable dishes from the menu. Many people using a basal bolus regimen choose to take extra short-acting insulin to cover the extra food they are eating. Estimating the amount of carbohydrate in the food and deciding how much insulin you need is a skill which develops with experience. In an earlier section (see p. 25) we have talked about the DAFNE method, which teaches you how to calculate your insulin dose accurately. If you are uncertain about the size of portion you will be given in a restaurant you should wait until you see what is on your plate before deciding on the dose of insulin.

Sometimes people worry about how they are going to give their injections when they are away from home. With an insulin pen there should be no difficulty and most people are able to give the insulin discreetly at the table when the food arrives. Do not take your evening dose of insulin before leaving home in case the meal is delayed.

FASTING AND DIABETES

As a Muslim I wish to fast during Ramadan. Is this possible?

People with diabetes who fast during Ramadan may experience large swings in blood glucose levels, as a result of the long gaps between meals and the consumption of large quantities of

carbohydrate-rich foods during the non-fasting hours. Therefore, if you have diabetes, you may be exempt from fasting. However, many people with diabetes do not want to be exempted from a religious observance that they feel strongly about. If you have Type 2 diabetes and are treated by diet alone there should be no problem with fasting during Ramadan. However, there will be major changes in the pattern of eating during this month, which may affect your diabetes. If you are treated with insulin injections, sulphonylurea tablets, or a combination of the two, you should discuss how fasting may affect your blood glucose control with your diabetes team, before Ramadan begins.

If you are on sulphonylurea tablets and are fasting during Ramadan, you can take the tablet at the end of the fast, within 30 minutes of starting your evening meal. You must not miss the sehti, the meal before sunrise, if you are to avoid hypoglycaemia later in the day. Repaglinide (NovoNorm®) can be particularly useful, as it need only be taken with a meal, thus requiring no change of treatment during Ramadan.

HOLIDAYS AND TRAVEL

Do you have any simple rules for people with diabetes going abroad for holidays?

Here is a checklist of things to take with you.

- Insulin (or tablets)
- Syringes or insulin pen and needles
- Test strips (and finger pricker) and/or meter
- Identification bracelet/necklace/card
- Glucose tablets
- Starchy carbohydrate in case meals are delayed

- Glucagon
- Medical insurance
- European Health Insurance Card (EHIC), which has replaced Form E111, if travelling inside the EU (see question on p. 157)
- Glucogel (Hypostop).

Is it safe for someone with diabetes to take travel sickness tablets?

Travel sickness pills do not upset diabetes, although they may make you sleepy so be careful if you are driving. On the other hand, vomiting can upset diabetes so it is worthwhile trying to avoid travel sickness. If you do become sick, the usual rules apply. Continue to take your normal dose of insulin and take carbohydrate in some palatable liquid form, such as a sugary drink. Test your blood glucose regularly.

We are going on holiday and wish to take a supply of insulin and glucagon with us. How should I store them both for the journey and in the hotel?

Insulin is very stable and will keep for one month at room temperature in our temperate climate. However, it does not like extremes of temperature and can be damaged if kept too long at high temperatures or if frozen. It is best to carry your supplies in more than one piece of luggage in case one suitcase goes astray.

In these days of increased airport security, people traveling with normal equipment needed to manage their diabetes are being challenged for evidence that their materials are bona fide, which can be extremely irritating. Security staff need to see a list on official (hospital or practice) headed notepaper of the items to be carried. Alternatively you can obtain an insulin user's identification card online or by phone from Diabetes UK at a cost of £5. Also available from Diabetes UK is a treatment identity card for £1.50.

If you are travelling by air you should keep your insulin in your hand luggage – temperatures in the luggage hold of an aircraft usually fall below freezing and insulin left in luggage there could be damaged. Insulin manufacturers say it is stable for one month at 25°C (77°F), so it is perfectly safe to keep insulin with your luggage on the average holiday. Avoid the glove compartment or the boot of your car where very high temperatures can be reached. In tropical conditions your stock of insulin should be kept in the fridge.

Storage of glucagon is no problem as this comes as a powder with a vial of water for dilution. It is very stable and can survive extremes of heat and cold.

I am travelling to the Middle East on business and have diabetes, which is well controlled on tablets. Can you give me any tips about diabetes and travel?

There should not be any particular worries about travelling abroad. There is the obvious advice about taking adequate supplies of all your tablets and testing equipment. Sometimes airport security can be a bit wary of blood testing kits, though it is hard to imagine how anyone could perpetrate a scare with a finger pricker. It would probably be worth asking your GP for a letter on headed paper to certify the need for this equipment. Alternatively for a modest fee, Diabetes UK will provide you with a treatment identity card.

The greatest problem concerning business travel and diabetes is the difficulty in obtaining normal food in high-grade hotels. The goal of hotel chefs seems to be to tempt everyone to eat twice as much high-calorie food, preferably containing plenty of unsuitable fats, as they need. Try to seek out items on the menu which are (relatively) healthy. Remember, you don't have to finish every plateful – especially in countries where excessive portions are the norm.