Diabetes Clinical Study Group

Advice on hypoglycaemia ('hypos') and diabetes medication

You have been given this information leaflet because you are taking a treatment for diabetes, either insulin or a sulphonylurea (such as gliclazide or glipizide), which can cause low blood sugar levels or hypoglycaemia ('hypo'). A hypo is when the blood sugar *(glucose)* level falls too low. Any blood glucose less than 4.0mmol/L should be treated.

Symptoms

A hypo can cause many symptoms, and people differ in what they feel, but early symptoms may include:

- Tingling in mouth, tongue or fingers
- Blurred or double vision
- Increased sweating
- Increased anxiety
- Heart beating fast
- Feeling agitated or behaving oddly *(often recognised by other people)*
- Sudden poor concentration
- Slurred speech

What causes hypos?

A hypo is more likely to occur in the following situations:

- Recent changes in your insulin dose, or type of insulin, or number of injections you have
- Recent changes in your diabetes tablets *(usually to a higher dose)* or other diabetes treatments
- Changes in where you inject your insulin *(injection sites)*
- Missed (or delayed) meals or snacks
- Changes in the sort of meal or snack you are having *i.e. less carbohydrate*
- Changes in activity – more exercise, or unexpected exercise
- Changes in routine – weekends, holidays, parties etc
- Increased alcohol intake, or binge drinking
- Weight change (if you have lost weight recently you may be more sensitive to your diabetes medication/insulin)
- Changes in weather *(more common in hot weather)*
- Problems with the way you are injecting insulin

How to treat hypos

If you recognise you are having a hypo you should treat immediately with a rapid acting carbohydrate. Suitable treatments are:

- 100ml - 120ml of Lucozade™
- 150ml - 200ml of **non-diet** fizzy drink
- 150ml - 200ml of fruit juice (fresh or from concentrate)
- 4 - 5 GlucoTabs® or 5 - 6 Dextrose® tablets
- 4 Jelly Babies
- 2 x 25g tubes of glucogel

• 10 - 15 minutes later you should recheck your blood glucose and if it is still below 4.0mmol/L, you should repeat the rapid acting carbohydrate.

• Don't forget you should also follow this treatment with a longer acting carbohydrate such as a banana, cereal bar or sandwich to prevent hypoglycaemia recurring several hours later.

If you become unconscious, you will need emergency treatment.

Driving and hypos

- You can get the information you need about driving and hypos from your diabetes team or from the DVLA. www.gov.uk/diabetes-driving and there is useful information available from Diabetes UK www.diabetes.org.uk or from the Diabetes UK careline 0845 1202960
- You should always carry rapid acting carbohydrates in the car (examples are given above).
- If your diabetes is treated with insulin injections you should check your blood glucose before driving and you should not drive if it is less than 5.0mmol/L. This applies to short journeys as well as long journeys.
- By law, you should report to the DVLA if you have more than one episode of severe disabling hypo *(needing help from another person)* in a 12 month period. This may put your licence at risk; however it is your responsibility to do this.
- There are also separate rules for professional drivers. www.gov.uk/diabetes-driving

This leaflet has been produced by the Diabetes Clinical Study Group of the Eastern Academic Health Science Network (EAHSN) (http://www.eahsn.org) The EAHSN is working in collaboration with Community Pharmacies and clinical teams to improve healthcare in the East of England.

If you have any questions regarding any information in this leaflet or need further advice and support, you should contact your usual diabetes team.