

COPING WITH DIABETES

The aim of this factsheet is to provide accurate, up-to-date information on diabetes and to counter some of the myths. It will also discuss some of the implications for the condition in the workplace and actions which can be taken if problems do arise.

What is diabetes?

Sugar levels in the blood are controlled by a hormone called insulin. Diabetes mellitus (to give the condition its full title) results from a lack of insulin or lack of sensitivity to insulin and, without treatment, the sugar levels can vary widely and give rise to a number of symptoms.

Type I

Diabetes (often referred to as insulin dependent diabetes) usually requires injections of insulin together with diet.

Type II

Diabetes is more common in older people and increasingly in those who are significantly overweight. This may be controlled by diet alone or diet plus tablets.

Symptoms (which may include loss of consciousness) result if the sugar levels go either too high or too low. It is therefore essential that diabetics adhere to a disciplined life style with regular meals and regular activities. In many cases they will check their blood glucose levels on a regular basis in order to ensure that their dose of medication is appropriate. Most diabetics recognise the early signs of low blood sugar and will take remedial action before a coma (unconsciousness) results.

What to do if you see a diabetic person looking unwell?

When a diabetic shows evidence of reduced awareness of levels of consciousness first offer him/her sugar in an available form (e.g. a chocolate bar or sweet drink). If unconscious, place the individual in the recovery position (on his/her side) and arrange for immediate medical advice.

If this is not immediately available dial 999 for an ambulance.

Implications for Employment (especially for those who are insulin dependent)

Because of the underlying cause of the condition:

1. It is important that a diabetic has regular meals. Delay in eating could result in poor control of blood sugar.
2. Increased activity uses up more sugar which is available for energy and therefore frequent changes in work pattern, for example, from heavy labour to sedentary work will also affect control and should be avoided.
3. The type of insulin given (of which there are various types with some acting more quickly than others to achieve stability) can vary depending on the time of day. Whilst shift work may pose a problem, with recent advances in monitoring and treatment this is now easier to manage.
4. Reasonably hygienic and private facilities should be available for a diabetic to take blood samples and give injections etc.
5. All diabetic patients should report their condition when making initial or renewed application for a driving licence. Those holding 'until 70' licences should inform the Licensing Authority. Generally there should be no problem for a well controlled diabetic to hold an ordinary driving licence. However, diabetes (whether diet, tablet or insulin dependent) may have implications for medical suitability to hold vocational driving licences (HGV, PSV).

Where can I get further information?

www.diabetes.org.uk

Diabetes UK Central Office

Macleod House
10 Parkway
London NW1 7AA

9.00am -5.00pm Monday - Friday

Careline Tel: 0845 120 2960

Tel : 020 7424 1000

Email info@diabetes.org.uk

Diabetes UK North West

First Floor, The Boultings
Winwick Street
Warrington
Cheshire WA2 7TT

Tel: 01925 653 281

Email n.west@diabetes.org.uk

Where can I get further help?

Occupational Health Services

www.manchester.ac.uk/occupational-health

South Campus

Waterloo Place
182-184 Oxford Road
Manchester M13 9GP

Tel: 0161-275-2858

waterloocchealth@manchester.ac.uk

North Campus

B22, The Mill
Sackville Street
Manchester M13 9PL

Tel: 0161-306-5806

millocchealth@manchester.ac.uk