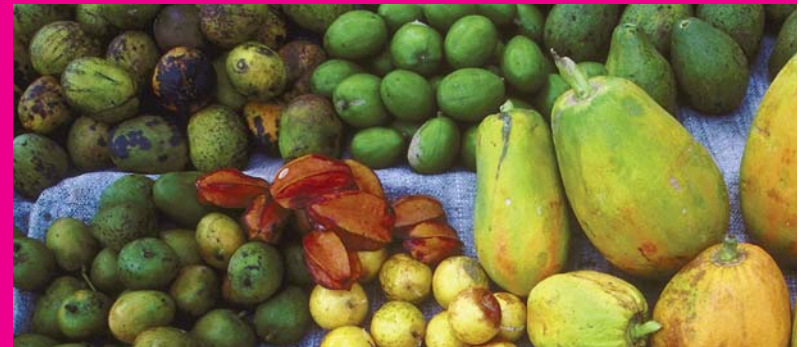


Living healthily with diabetes

A guide for Black African-Caribbean communities



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Introduction

This leaflet is about Type 2 diabetes, a type of diabetes that is almost three to five times more common in people from Black African-Caribbean backgrounds than the white population.

Finding out that you have diabetes means that you may need to make some changes to your lifestyle, and take more care of your health.

This leaflet gives you an overview of what diabetes is, what causes it, the long-term complications associated with the condition and covers some of the issues that specifically relate to people from Black African-Caribbean communities who have diabetes. It has lots of information about your diet too. This leaflet was developed after discussion and consultation with people from the Black African-Caribbean community.

Throughout the leaflet, we refer to other Diabetes UK booklets that offer more in-depth information about diabetes. Details of how to order these can be found on the back page of this booklet or by visiting www.diabetes.org.uk.



What is diabetes and why does it develop?

Diabetes is a condition in which the amount of glucose (sugar) in the blood is too high because the body cannot use it properly. We need glucose for energy. Glucose comes from the digestion of carbohydrate containing foods and drinks and is also produced by the liver. Carbohydrate comes from many different sources including starchy foods (such as bread, sweet potatoes, yam, rice) fruit; dairy products; sugar and other sweet foods.

Insulin is vital for life. It is a hormone produced by the pancreas that helps the glucose enter the cells where it is used as fuel by the body.

There are two main types of diabetes:

Type 1 diabetes

Type 1 diabetes happens when the body is not able to make any insulin. Most people who develop this type of diabetes are younger than 40 years old, although it can occur at any age. It is treated by insulin injections, as well as a healthy diet and regular physical activity.

Type 2 diabetes

Type 2 diabetes happens when the body can still make some insulin, but not enough for its needs. It also occurs when the insulin that the body makes does not work properly (known as insulin resistance). In people from Black African-Caribbean communities, Type 2 diabetes usually appears after the age of 25. It is treated with lifestyle changes such as a healthier diet, weight loss and increased physical activity. Medication and/or insulin may also be needed.

The main aim of treatment of both types is to achieve blood glucose, blood pressure and blood fat (including cholesterol)

levels as near to normal as possible. This, together with a healthy lifestyle, managing your weight and giving up smoking, will help to improve your health. It will also protect against long-term damage to the eyes, kidneys, nerves, heart and blood vessels.

What are the main symptoms of diabetes?

- passing urine more than usual – especially at night
- increased thirst
- extreme tiredness
- unexplained weight loss
- genital itching or unexplained periods of thrush
- slow healing of cuts and wounds
- blurred vision.

In people with Type 2 diabetes these symptoms may not be so obvious and some people may not have noticed these symptoms at all. In fact, you may have had diabetes for some time without knowing.

You will also find more information in the Diabetes UK booklet *Understanding diabetes*.

If you think a friend or family member may be at risk of diabetes, or they show some of the main symptoms mentioned above, you should encourage them to visit their GP for a test for diabetes. See the Diabetes UK website for the Diabetes Risk Score, seven quick steps to determine your risk of diabetes.

Myths and misconceptions about diabetes

There are lots of myths and misconceptions about diabetes.

To help dispel some of the myths that exist carry on reading below.

The myth	The truth
Eating too much sugar causes diabetes.	Eating a lot of sugar can cause you to become overweight which increases the risk of Type 2 diabetes.
You cannot eat sugar if you have diabetes.	Sugar can still be included in your diet. Speak to a registered dietitian about this.
You can catch diabetes.	Diabetes tends to run in families but it cannot be caught like a cold.
You may only have 'mild' diabetes.	Both Type 1 and Type 2 diabetes are serious conditions and if not managed, can lead to long-term complications, such as blindness, kidney disease, heart disease and amputations.
You can be cured of diabetes.	It can be managed but there is no cure available. There are many treatments and the correct combination will be decided between you and your healthcare team.

The myth	The truth
<p>People with diabetes are more likely to get colds and other illnesses than those who don't have the condition.</p>	<p>You are no more likely to get a cold or other illnesses. Although, you are advised to get flu jabs, because any infection or illness may affect your diabetes control.</p>
<p>People with diabetes must not exercise.</p>	<p>Physical activity is important in helping to control your blood glucose level and keep you healthy.</p>
<p>You cannot drive if you have diabetes.</p>	<p>The good news is you can drive if you have diabetes. However, you may need to contact the DVLA depending on your medication and medical condition. Please refer to our <i>Driving and diabetes</i> information sheet on the Diabetes UK website.</p>
<p>You will not be able to get a job easily.</p>	<p>Having diabetes doesn't mean that you cannot get or keep a job. Diabetes UK believes everyone should be assessed on their own merits and should not be subjected to blanket bans to certain jobs. Please refer to Diabetes UK's <i>Employment and diabetes</i> information sheet on the Diabetes UK website.</p>

Managing your diabetes

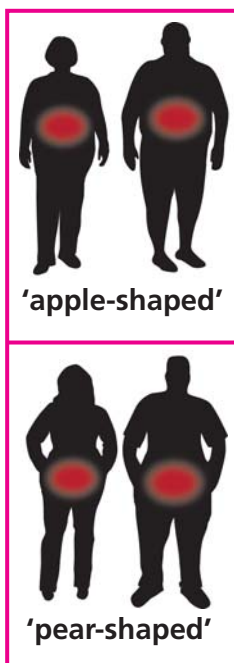
Controlling your weight by doing regular physical activity, eating a healthy diet and taking your medication as prescribed by your healthcare team are all important in helping you to manage your diabetes. Good control will help you to reduce the risk of developing the long-term complications of diabetes.

Your weight

Being overweight significantly increases your risk of developing Type 2 diabetes. 80 per cent of people who are diagnosed with Type 2 diabetes are overweight or obese. Losing weight will make your diabetes easier to control.

Due to genetic differences people from Black African-Caribbean communities are more likely to store fat around the waist. Excess fat around the waist (being 'apple-shaped') as opposed to around the hips ('pear-shaped') is known to be a risk factor for Type 2 diabetes.

Traditionally, bigger women were considered to be more beautiful than thin women. Young girls were 'fattened up' by drinking full-fat milk so they appeared more attractive to the opposite sex. Although things have changed now, older people in Black African-Caribbean communities may still feel that it's better to be large than slim, as being slim may have a connection to being 'poor', ie not having enough food to feed yourself. However, being the right weight for your height is very important for you to keep healthy and control your diabetes. If you are concerned about your weight speak to your dietitian or healthcare team, who can advise and support you to manage your weight.



Physical activity

We all tend to be less active these days. A lack of regular physical activity significantly increases the risk of developing diabetes in all people, especially if you are overweight. Cultural influences can affect the levels of physical activity people do. For example, women from orthodox religions aren't usually seen out alone taking long walks and may not attend



physical activity classes in leisure centres because of the type of clothing that is associated with exercising.

Keeping active is a very important part of managing your diabetes. Regular physical activity (walking or dancing, for example) will help you to lose weight if you need to. It will also help to lower your blood glucose level, as your muscles are encouraged to use the glucose in your blood for energy.

Find an activity that you enjoy and start gradually so that you are more likely to keep it up – try walking instead of taking the bus or car. If you are not very mobile there are many activities that you can do sitting in a chair. You should always consider checking with your healthcare team if you are planning to take up a new form of physical activity or exercise.

The Diabetes UK booklet *Keeping active* explains the benefits of increasing your activity and gives useful tips to help you exercise safely.

Ten steps to eating well

Typical, traditional foods eaten in Black African-Caribbean communities tend to be fried and can have high levels of salt, fat and sugar. The treats once traditionally saved for special occasions are now eaten more often because they are more widely available. Eating a diet high in fat and sugar can cause you to gain weight, which increases your risk of diabetes and makes it harder to control too. Here are our ten steps to eating well.

1 Eat three meals a day. Avoid skipping meals and spread your breakfast, lunch and evening meal out over the day. This will not only help control your appetite but will also help control your blood glucose levels.

2 At each meal include starchy carbohydrate foods such as bread, pasta, chapattis, potatoes, yam, noodles, rice, cassava and cereals. The amount of carbohydrate you eat is important to control your blood glucose levels. Especially try to include those that are more slowly absorbed (have a lower glycaemic index) as these won't affect your blood glucose levels as much. Better choices include:

- pasta
- basmati or easy cook rice
- grainy breads such as granary, pumpernickel and rye
- new potatoes, sweet potato and yam
- porridge oats, All-Bran and natural muesli.



The high-fibre varieties of starchy foods will also help to maintain the health of your digestive system and prevent problems such as constipation.

3 **Cut down on the fat you eat**, particularly saturated fats, because they are linked to heart disease. Choose unsaturated fats or oils, especially monounsaturated fat (eg olive oil and rapeseed oil) as these types of fats are better for your heart. As fat is the greatest source of calories, eating less will help you to lose weight if you need to. Here are some tips on cutting down:

- Use less saturated fat by having less coconut and palm oil, butter, margarine and cheese
- Choose chicken, turkey, lean meat and fish as low-fat alternatives to fatty meats.
- Choose lower fat dairy foods such as skimmed or semi-skimmed milk, low-fat yogurts, lower-fat cheese and spreads.
- Grill, steam or oven bake food such as jerk chicken, beef jerky or corn and pineapple fritters instead of frying or cooking with oil or other fats.
- Watch out for creamy sauces and dressings and use tomato-based sauces instead.
- Skim the fat from the top of stews and one-pot meals.



4 **Eat more fruit and vegetables.**

Aim for at least five portions a day to provide you with vitamins, minerals and fibre to help you to balance your overall diet. One portion is for example, a banana or apple, a handful of grapes, a tablespoon of dried fruit, a small glass of fruit juice or fruit smoothie, three heaped tablespoons of vegetables or a cereal bowl of salad.



5 Include more beans and lentils such as kidney beans, butter beans, chickpeas or red and green lentils. They have less of an effect on your blood glucose levels and may help to control your blood fats. Try adding them to stews, casseroles and soups, or to a salad.



6 Aim for at least two portions of oily fish a week. Examples include mackerel, sardines, salmon and pilchards. Oily fish contains a type of polyunsaturated fat called omega 3 which helps protect against heart disease.

7 Limit sugar and sugary foods. This does not mean you need to eat a sugar-free diet. Sugar can be used in foods and in baking as part of a healthy diet. It means that foods such as sugar cake, sweet potato pie, duckyloo (blue drawers), puddings, cakes, condensed milk and malted drinks should be limited.

8 Reduce salt in your diet to 6g or less a day – more than this can raise your blood pressure, which can lead to stroke and heart disease. Limit the amount of processed foods you eat, such as corned beef, saltfish, pickled meats and salt pork, as these are usually high in salt. Try flavouring foods with herbs and spices instead.



9 Drink alcohol in moderation only – that’s a maximum of two units of alcohol per day for a woman and three units per day for a man. For example, a single pub measure (25ml) of spirit is 1 unit, or half pint of lager, ale, bitter or cider has 1–1½ units, depending on the alcohol percentage.

Over the years the alcohol content of most drinks has gone up. A drink can now contain more units than you think – a small glass of wine (175ml) could contain as much as 2½ units. Remember alcohol contains empty calories so think about cutting back further if you are trying to lose weight. Never drink on an empty stomach, as alcohol can make hypoglycaemia (low blood glucose levels) more likely to occur when taking certain diabetes medication.

10 Don’t use diabetic foods or drinks.

They offer no benefit to people with diabetes. They will still affect your blood glucose levels, contain just as much fat and calories as the ordinary versions, can have a laxative effect and are expensive.

Smoking

Having diabetes already puts you at an increased risk of complications, such as hardening of the arteries, and smoking puts you at an even higher risk of heart attacks, angina, strokes and poor circulation. So, if you smoke, give up **now**. There are various treatments and support available to help you. Speak to your doctor, nurse or pharmacist who can discuss these treatments with you.



Medication

Everyone is advised to follow a healthy, balanced diet and to take regular physical activity. Your doctor may also advise the use of diabetes tablets and/or insulin too. Often people think moving onto medication means they have failed to manage their diabetes properly – this is not the case. Diabetes is a progressive condition and being treated by diet and physical activity alone may not be adequate to help control your diabetes.

People with Type 2 diabetes may need to take tablets, insulin or a combination of both. Some types of tablets help your body to produce more insulin. Other types help the body to make better use of the insulin that it produces. Another type of tablet slows down the speed at which the body absorbs glucose from the intestine. All diabetes medication works by lowering your blood glucose levels.

Your doctor will decide with you which kind of tablets and/or insulin will work best for you and may prescribe more than one kind. Your doctor, diabetes nurse or pharmacist will tell you about your diabetes medication and how to monitor your blood glucose levels.



Some people may experience side effects when they start taking diabetes medication. These might include weight gain, diarrhoea, wind, feeling bloated, a rumbling bowel, noisy belly or a feeling of sickness. Insulin and some diabetes tablets can make hypoglycaemia (hypo – low blood glucose) more likely to occur.

There are lots of ways that these side effects can be prevented – talk to your healthcare team for more information.

For further information, see our booklets: *Type 2 diabetes medication*, and *Treating your diabetes with insulin* and our information sheet *Hypoglycaemia*.

Taking your medication

Your religious beliefs may be very important to you, and you may well use aspects of your religion, such as prayers or spiritual healing, to complement your prescribed treatment. This is fine as long as you continue to eat a healthy balanced diet, take regular physical activity and take the medication that your doctor or your nurse has prescribed for you.

If you are thinking about abandoning your medication or diet, you should talk this over with your doctor or nurse, as your health will be at risk. If you are religious and wish to fast, eg during Ramadan for Muslims and during Lent for Christians, you should speak to your healthcare team beforehand. Diabetes UK's *Fasting and diabetes* information sheet tells you more about managing your diabetes while fasting.



If you are of Muslim faith you should also remember that foot health is particularly important if you are attending Hajj – ask your footcare team for further advice or read our booklet *Taking care of your feet*.

Complementary and herbal therapies

One of the myths that is frequently heard is that using complementary and herbal therapies will cure diabetes.

Generally herbal remedies and supplements are not recommended as there is no evidence to suggest they are safe for you to take. Complementary therapies are becoming increasingly common in the UK. Popular supplements are bitters, evening primrose oil, bush tea, vitamins and garlic tablets.

It is important to let your doctor and nurse know about these and other supplements you may be taking. Remember, you must continue to take your prescribed medication.

Another popular complementary 'remedy' is to purge, or wash out the body, either by drinking lots of water or by taking laxatives. In the past people took laxatives to purge tape-worms from their systems. This was very common among Black African-Caribbean communities, as they tended to live very near farms or have animals kept in their back yards. Taking lots of laxatives is not recommended as it may disrupt your blood glucose control and can cause bowel problems.



Diabetes care – what you should expect

In order to keep well and healthy, it is important that everyone with diabetes has access to good and regular healthcare. Early detection, treatment and continued good control of your diabetes is very important, as this will help you reduce the risks of developing serious complications linked to diabetes like blindness, heart disease and kidney disease. Your healthcare team can help with this.



Your diabetes care will involve several appointments with different healthcare professionals, including your diabetes doctor and/or your GP, a nurse, a registered dietitian and a registered podiatrist. There is more information about diabetes care in our booklet *What diabetes care to expect*.

Health checks and tests

Your doctor and nurse will talk to you about how and when to test your blood or urine for glucose. The results will enable you, your doctor and nurse to see what effect your treatment is having or if it needs to be altered. If your diabetes is treated with tablets or insulin, testing strips for either urine or blood may be available free on prescription. Both tests are easy to do at home.

Other tests will be done to get a complete picture of your overall diabetes control and general health. For example, your blood pressure will be checked and a blood sample will be taken to check your blood fats, kidney function and longer term diabetes control (HbA1c or fructosamine). Ask about the tests you are having and what the results mean to you.

Long-term complications of diabetes

There are a number of other medical conditions that are known to be linked to diabetes. These include:

- **Cardiovascular disease** – when arteries become blocked and narrow. This can lead to high blood pressure, strokes, heart attacks and poor circulation, particularly in the legs. Being overweight and smoking also increases your risk of developing these complications. For more information see the Diabetes UK booklet *Cardiovascular disease and diabetes*.
- **Nephropathy** – is damage to the blood vessels in the kidneys that filter out all the waste products. If it is detected early it can be treated. People with diabetes should have a blood test to check their kidneys at least every year. See our booklet *Your kidneys and diabetes*.
- **Retinopathy** – is damage to the back of the eye and can lead to blindness. People with diabetes should have the back of their eyes photographed with a digital camera every year. This will form part of your annual review check and you should not have to pay for it. See our booklet *Your eyes and diabetes*.
- **Neuropathy** – is damage to the nerves which carry messages to and from the brain, serving all parts of the body. Damage to nerves can affect sensations, movements and the automatic functions of the body. For information about the different types of neuropathy and their symptoms see our booklet *Diabetic neuropathy*.

Not everyone with diabetes will develop these complications. However, it is important that you know about some of the long-term effects. The good news is that if you eat a balanced diet, keep active, take any prescribed medication and keep your blood glucose, blood pressure and blood cholesterol levels well controlled, you can reduce the chance of developing these complications.

About Diabetes UK

Diabetes UK is the charity for people with diabetes, their family, friends and carers. Our mission is to improve the lives of people with the condition and work towards a future without diabetes.

There are over 2.6 million people in the UK diagnosed with diabetes and up to 500,000 people that have the condition but don't know it.

Diabetes UK stand up for the interests of people with diabetes by campaigning for better standards of care. We are the one of the main funders of diabetes in the UK, which includes research into cause and prevention, care and treatment and finding a cure. We provide practical support and information and safety-net services to help people manage their diabetes.

Become a member of Diabetes UK

Membership of Diabetes UK keeps you up to date with diabetes developments and connects you with a network of people who understand the condition.

Diabetes UK membership gives you:

- **Balance**, our bi-monthly members' magazine
- Confidential **support and information** from trained counsellors on Diabetes UK Careline, open during office hours.
- A wide range of **booklets** about diet, physical activity and diabetes.
- Diabetes UK's website **www.diabetes.org.uk**
- Details of **voluntary groups**
- Educational and support **events**
- The opportunity to **add your voice to that of Diabetes UK** to campaign for better diabetes care across the UK.

To become a member of Diabetes UK, call free on 0800 138 5605 or visit www.diabetes.org.uk/become a member

Diabetes UK

National and regional offices

	Telephone
Central Office	020 7424 1000
Diabetes UK Cymru	029 2066 8276
Diabetes UK Northern Ireland	028 9066 6646
Diabetes UK Scotland	0141 245 6380
Diabetes UK Eastern	01376 501390
Diabetes UK London	020 7424 1116
Diabetes UK Midlands	01922 614500
Diabetes UK Northern and Yorkshire	01325 488606
Diabetes UK North West	01925 653281
Diabetes UK South East	01372 720148
Diabetes UK South West	01823 324007

Visit www.diabetes.org.uk/in_your_area for email addresses

Useful contacts

Become a member	0800 138 5605
Customer Services	0845 123 2399
Advocacy Service	020 7424 1840/1847
Publications orderline	0800 585 088

Visit www.diabetes.org.uk for further information about Diabetes UK.

Diabetes UK Careline is here to give support and information about diabetes: careline@diabetes.org.uk or call **0845 120 2960** (please check the costs of calls to 0845 numbers with your phone provider). Or call 020 7424 1000 and ask to be transferred to the Careline.



The charity for people with diabetes

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Email info@diabetes.org.uk

Website www.diabetes.org.uk

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