



Diabetes Training

NHS

Inpatient and Community Mental Health Workers

Red text refers to
'Inpatient specific' information

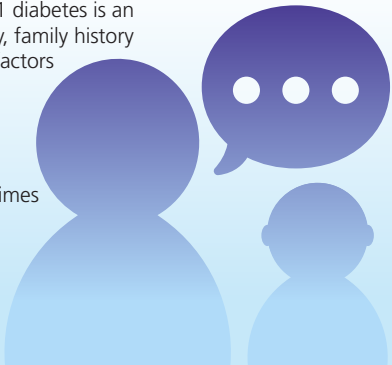
Green text refers to
'Community specific' information



1

The Person

- Listen to the person, they live with their diabetes 365 days a year
- Don't blame your patient: Type 1 diabetes is an autoimmune condition. Ethnicity, family history and adversity are the strongest factors for Type 2 diabetes
- Diabetes is challenging and can impact wellbeing
- Type 2 diabetes is 6 times more common in South Asian and 3 times in African-Caribbean people
- **You may be the only health care professional involved: your input is key to ensuring effective self-care**



2

Diabetes and Serious Mental Illness (SMI)

- 20% of people with SMI have Type 2 diabetes and of those 70% are unaware of their diagnosis
- People with SMI may die 20 years earlier (mainly due to heart disease)
- People with diabetes have an increased risk of dementia: screen for cognitive decline
- Antipsychotic medication increases risk of Type 2 diabetes
- Ensure systems are in place to review/reduce anti-psychotic medication if indicated
- Consider if Mental Health Act is needed to optimise mental health in order to support diabetes care



3

Eating with diabetes

- There is no special 'diabetic diet'
- Meal plans must be individualised and will vary depending on the person's circumstance
- This will depend on person's weight, gender, ethnicity and economic situation
- Appreciate how different carbohydrate foods and drinks are broken down into glucose which impacts blood glucose levels and diabetes management
- Be mindful that people may use food to manage distress and to express love



4

Know the difference between the types of diabetes

- People with Type 1 diabetes need insulin every day, even in the last days of life
- People with Type 2 diabetes may be on diet alone, diet plus tablets, injectable therapies, insulin or a combination of these
- Women who have had gestational diabetes are more likely to develop Type 2 diabetes
- In UK 1 million people have Type 2 diabetes that has not been diagnosed

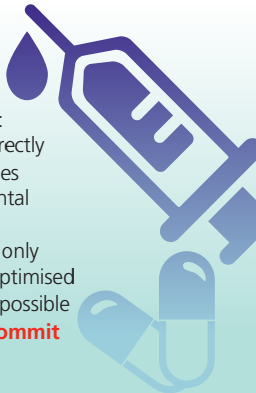
1

2

5

Insulin and medication safety and blood glucose monitoring

- Stopping insulin or diabetes medication without review can result in harm
- Know common insulin profiles, ensure they are prescribed and administered correctly
- Know common diabetes tablets and side effects: ensure they are prescribed and administered correctly
- Urgently alert GP / diabetes team if patient refuses diabetes medication: consider whether their mental state is affecting ability to self-medicate
- Blood glucose monitoring may not be needed if only taking metformin and blood glucose levels are optimised
- Blood glucose checks should be pre-meal when possible
- **Insulin can be used to self-harm and even commit suicide: include in care and risk plans**



6

Low blood glucose (hypoglycaemia: below 4mmol: 4 is the floor)

- Hypoglycaemia can kill! Identify the cause and stop it or seek help
- Common symptoms: confusion, drowsiness, frequent falls, sweaty, pale, aggression, loss of consciousness, seizures
- Hypoglycaemia can be mistaken for psychiatric symptoms
- Know your hypoglycaemia treatment pathway:
- **If able to swallow safely: Step 1:** give fast acting glucose: e.g. glucogel, or small can / carton non-diet sugary drink
- **Step 2:** carbohydrate snack: e.g. 2 digestive biscuits
- **If unable to swallow safely or unconscious:**
Inpatient setting: administer prescribed Glucagon 1mg injection and urgently call the duty doctor
Community setting: place in recovery position and call 999
- **Urgently Inform GP or diabetes team** if severe or recurrent hypoglycaemia



4

7

High Blood Glucose (hyperglycaemia: in double figures for more than 24 hours)

- Hyperglycaemia can kill if left untreated, especially in Type 1 diabetes
- Common symptoms: thirst, increased urination, recurrent infections, weight loss, blurred vision, sleepiness, incontinence
- Hyperglycaemia can be mistaken for psychiatric symptoms
- High blood glucose increases the risk of infection and emergency hospital admission
- Blood glucose targets must be individualised
- Common causes: **virus eg COVID-19**, infection, being unwell, insulin or medication omission, newly prescribed or increased steroids or anti-psychotics, diet related, alcohol or drugs, undiagnosed diabetes
- **Urgently inform GP or diabetes team** if blood glucose is in double figures for more than 24 hours
- Long duration of hyperglycaemia can lead to micro and macro vascular complications (heart, kidneys, eyes, nerves, feet, brain)



8

Feet (See Touch the Toes Test overleaf)

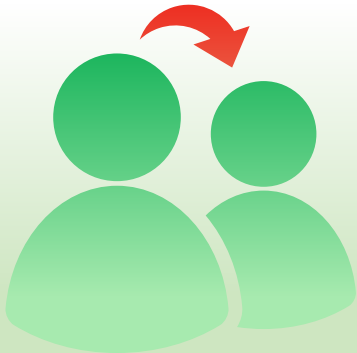
- All people with diabetes should have a foot examination at least annually
- A foot ulcer is a medical emergency requiring urgent same day referral
- Do a “touch the toes” test – for reduced sensation
- Refer to the GP, podiatrist or specialist diabetes team if there is a problem
- Advise clients to: check feet, be aware of sensation loss, look for changes in the shape of their foot, wear shoes that fit properly



9

When and how to refer to the specialist diabetes / podiatry team

- All people with Type 1 diabetes should be under the specialist diabetes team
- Ensure you enable your client's access to specialist advice if needed or requested
- Very low or high blood glucose
- New foot symptoms: redness, swelling, hot, pain, infection
- Any foot wound



Ensure the person has access to information and proactive diabetes screening

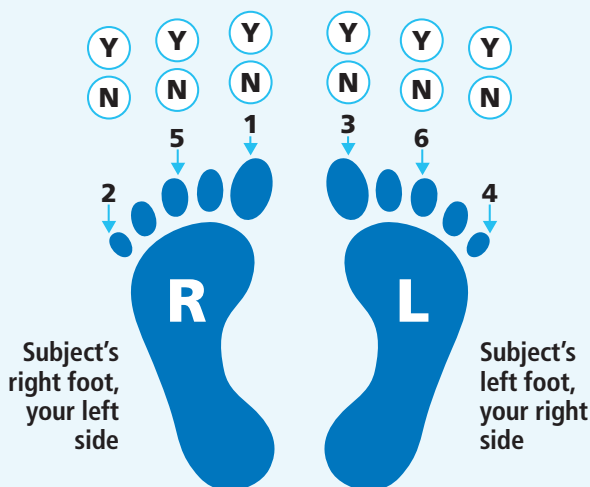
- Sick Day Rules: ensure patients with Type 1 and Type 2 diabetes know what to do when they are ill: visit www.knowdiabetes.org.uk
- Screen everyone with SMI for undiagnosed diabetes:
- For people with diagnosed diabetes: screen annually: HbA1c, kidney function, cholesterol, blood pressure, eye and foot checks
- Non-attendance of annual checks may be a sign of self-neglect
- Ensure the person has access to structured education about their diabetes, dietetic advice, specialist input if needed, smoking cessation advice and flu vaccine
- Some people have achieved partial or full remission of their Type 2 diabetes by losing weight, and blood glucose levels fall in the non-diabetic range without taking diabetes medications
- Visit www.knowdiabetes.org.uk for more information
- Visit Diabetes UK website: www.diabetes.org.uk



Touch the toes test

Does the person with diabetes have reduced sensation?

- Ask them to close their eyes
- Tell them you are going to touch their toes
- Ask them to tell you which foot you touched, left or right
- Touch toe number 1 for two seconds gently. **Do not repeat**
- Continue until you have assessed 6 toes as marked on the diagram
- If they cannot feel 2 or more toes they have **reduced sensation** for their foot check

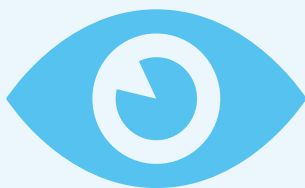


(The Ipswich Touch Test reproduced with permission from Diabetes UK)

All people with diabetes must have a foot check within 24 hours of admission to hospital

LOOK

- Ulcer?
- Gangrene?
- Deformity?
- Corn/Callous



CHECK

- Reduced sensation?
- Absent pulse?
- Previous ulcers/amputations?



REFER

- Ulcers and gangrene
- Hot red foot
- All other problems

For the above: urgently refer via your local Multi-Disciplinary Foot Pathway (MDFT)

See www.knowdiabetes.org.uk





See **www.knowdiabetes.org.uk**

© Developed by Ruth Miller, Diabetes Nurse Consultant,
North West London Diabetes Transformation Team
email: ruth.miller2@nhs.net
in collaboration with Dr Amrit Sachar,
Liaison Psychiatry Consultant, Mental Health Lead in
Diabetes Transformation Programme in NW London
Designed by NHS Creative – CS51019 – 03/2020