

# NDSS

National Diabetes Services Scheme

An Australian Government Initiative

NDSS Helpline 1800 637 700  
ndss.com.au

## Moving on up...



A guide for  
young adults  
with diabetes

Find this resource at [ndss.com.au](http://ndss.com.au)

 **diabetes**  
australia

The NDSS is administered by Diabetes Australia

Whether you've been living with diabetes for most of your life or just for a short time, you will already know a lot about it. Diabetes can certainly make things more challenging, but that's no reason to think that you can't live a healthy, happy life and follow your dreams.

**“When I was younger, I was told to manage my diabetes or these bad things would happen. Whereas no-one was really saying that if I managed my diabetes well enough, I could play in the AFL, or things like that. I'm always going to have diabetes, but that's not all I'm going to be. It's just one part of all the amazing things I plan to do with the rest of my life.” WILL, aged 21**



The Australian Centre  
for Behavioural Research  
in Diabetes

This booklet was developed in collaboration with The Australian Centre for Behavioural Research in Diabetes, a partnership for better health between Diabetes Victoria and Deakin University.

As you get older, your personal and health care needs change, and you become more independent in managing your diabetes. This short booklet answers some of the questions you may have about diabetes as you move on with your life.

This guide is for young people moving on...

- » from children's to adults' diabetes services
- » from school to work, university or TAFE
- » from two wheels to four (driving)
- » out of home
- » with their lives in general.





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### More information

Visit the websites listed throughout the booklet for more detailed information. Keep an eye out for the click  and search  symbols.

“When I started seeing the doctors by myself, I was always worried that I’d done something wrong — that I was going to get into trouble because I hadn’t checked my levels enough or my HbA1c was going to be too high. I used to worry a fair bit before I’d go, because I was convinced that I wasn’t doing a good enough job, even though I knew they were just routine check-ups...” **Ky, aged 21**



“Now that I’m older, I realise that I’m not there for the doctors to tell me what to do, the doctors are there to help me — and this changed how I feel about going to the clinic.”  
**Ky, aged 21**

# Moving on...

## to an adult diabetes service

The time will come for you to move from a paediatric (children's) diabetes service to an adult service. Young people usually make this move when they're around 16 to 18 years old, or after leaving school. The timing of this move varies from person to person, depending on their needs and the health services available in their area. Your current diabetes care team will help you find an adult service for your ongoing care and support.

### What will change

When you were younger, your carers were responsible for your diabetes care and they were mostly the ones communicating with your doctors. As a young adult, you are now in charge. This means you'll be able to:

- » discuss your treatment options and decide on the care and services you need
- » explain your needs and preferences, and ask questions of your diabetes care team
- » have your own Medicare Card and health insurance (if you want)
- » arrange and attend medical appointments on your own (if you want).

Attending a new clinic can feel strange at first, until you know the routine. It can take several visits before you and your new diabetes doctor/ diabetes educator get to know each other, but it's worth taking the time. It helps to have a health professional who knows you and your diabetes when you need advice or support.



### Transition information

NDSS website

[ndss.com.au](https://ndss.com.au) 🔍 *"Transition"*

Transition

[trapeze.org.au](https://trapeze.org.au)

## Your options

- » Talk to your current diabetes doctor\*, diabetes educator or GP about the type of service (public or private) you prefer and services near to where you live, work or study. The table on page 6 explains some of the pros, cons and costs of public versus private care, as well as the different types of clinics.
- » Most paediatric hospitals have a person (usually a diabetes educator or nurse) who is responsible for organising your move to an adult clinic. This person is called a 'transition coordinator'. They will help you to plan where and when you will move, and help make sure you're ready. They will also let the new clinic know you're coming and make your first appointment for you.

\* 'Diabetes doctor' refers to the doctor you see for diabetes, which could be an endocrinologist, paediatrician, general physician or GP.

- » Your relationship with your diabetes doctor is important and long-lasting, so you need to find the right person for you. The right doctor will help you to feel comfortable talking about difficult or personal topics, will listen to you and discuss options for treatment; they will involve you in decisions about your care. Many people refer to this as feeling as if they have ‘someone on their side’.
- » If it isn’t working out, don’t give up going to clinic altogether. You have the right to see another doctor or to go to a different clinic. Your paediatric service or GP can help you find another diabetes doctor or clinic if you’re not happy.



## Your diabetes team

Who is in your diabetes team

[ndss.com.au](https://ndss.com.au) 🔍 *“your health care team”*

Types of diabetes health care

[ndss.com.au](https://ndss.com.au) 🔍 *“Transition”*

Search for a health professional in the NDSS Online Services Directory

[osd.ndss.com.au](https://osd.ndss.com.au)

# Diabetes services for young adults

Type of service	Pros
<b>Young adult clinic</b> Diabetes clinic for young adults (aged 16–25 years), usually located in a public adult diabetes service	<ul style="list-style-type: none"><li>» Clinics are usually held in the early evening to suit people working or studying</li><li>» The same staff are generally at each appointment</li><li>» A diabetes educator, dietitian and counsellor are usually available</li><li>» Staff are interested and experienced in working with young people</li><li>» Some clinics check your HbA1c during the visit</li></ul>
<b>Adult clinic</b> Public hospital service for all adults (16 years and over)	<ul style="list-style-type: none"><li>» Most large public hospitals have a diabetes clinic</li><li>» A diabetes educator and dietitian are usually available, or you can be referred to one. A social worker/psychologist may be available</li></ul>
<b>Private diabetes care</b> Endocrinologist, general physician, allied health professionals  Allied health professionals include diabetes educators, nurse practitioners, dietitians, podiatrists, psychologists, optometrists and exercise physiologists.	<ul style="list-style-type: none"><li>» You can choose your own doctor and allied health professionals</li><li>» You'll see the same person at each visit</li><li>» Appointments are available during the day, Monday to Friday</li></ul>
<b>General practitioner (GP)</b>	<ul style="list-style-type: none"><li>» Available in most local suburbs and towns</li><li>» Provides referral to medical specialists (e.g. endocrinologists) and allied health professionals, and prescriptions for medications</li></ul>



Cons	Costs
<ul style="list-style-type: none"> <li>» Clinics may not run frequently, so appointment times may not be very flexible</li> <li>» Not every hospital or clinic has a young adult clinic, so you may need to travel further</li> </ul>	<ul style="list-style-type: none"> <li>» This type of clinic may be public or private (see below)</li> </ul>
<ul style="list-style-type: none"> <li>» Clinic includes adults of all ages</li> <li>» You may not be able to see the same doctor at each appointment</li> <li>» You may need to have blood taken for your HbA1c check two or three days before your doctor's appointment</li> <li>» Clinics may run on set days of the week (so may not be very flexible) and may not offer early evening appointments</li> <li>» You may have to wait several weeks or months to get an appointment</li> <li>» Clinics can get very busy: you may have to wait past your appointment time</li> </ul>	<ul style="list-style-type: none"> <li>» The cost of health professionals and pathology (blood and other health checks) is usually covered by Medicare</li> <li>» Car parking can be expensive but public hospital clinics are usually accessible by public transport</li> </ul>
<ul style="list-style-type: none"> <li>» You may need to have blood taken for your HbA1c check two or three days before your doctor's appointment</li> <li>» Not all private allied health professionals have experience with type 1 diabetes</li> <li>» You may need separate appointments in different locations for allied health professionals</li> </ul>	<ul style="list-style-type: none"> <li>» Medicare covers some of the doctor's fee but may not cover the total cost</li> <li>» For specialists, the cost (and the gap) can be quite large</li> <li>» If you have a GP Chronic Disease Management Plan, you can get a Medicare rebate for up to five allied health professional visits per year</li> <li>» If you have a GP Mental Health Treatment Plan, you can get a Medicare rebate for up to 10 visits per year with a mental health professional.</li> <li>» Private health insurance ('extras') does not cover doctors' fees but may cover part of allied health fees</li> </ul>
<ul style="list-style-type: none"> <li>» GPs look after your general health needs but most do not have experience with type 1 diabetes. Specialist medical care with an endocrinologist, physician or paediatrician is recommended for young people</li> </ul>	<ul style="list-style-type: none"> <li>» Medicare covers most of the cost of a GP medical visit, but there may be a gap payment (your contribution)</li> </ul>

## Checklists for moving on

Use these checklists to see whether you're well prepared to take charge of your diabetes and move on to adult care. You can also use them to plan your clinic visits and work out what you'd like to talk about with your carers, your transition coordinator and your diabetes care team.

Managing my diabetes	I'd like to know more	I have started doing this	I'm confident with this
I know who to call for help or advice.			
I know how to manage sick days and ketones.			
I know how to manage my diabetes if I drink alcohol.			
I know how to prevent/reduce the risk of hypos.			
I tell my friends and workmates how to help me with a hypo.			
I always carry hypo treatment with me.			
I check my blood glucose at least twice a day.			
I upload my meter, pump and continuous glucose monitor at home before my appointment.			
I record and review my blood glucose levels. I take my meter to clinic appointments.			
I take all my insulin/medication doses as recommended.			
I feel confident to talk with my doctor/ diabetes educator about contraception.			

Taking charge of my healthcare	I need to look into this	I've been looking into this	I have this under control
I get my own prescriptions and supplies (e.g. insulin, blood glucose strips, pump and continuous glucose monitoring supplies).			
I make my own clinic appointments.			
I can get to appointments on my own.			
I know my health history and current treatment.			
I see my doctor and diabetes educator on my own.			
I talk to my doctor about myself and ask questions.			
I know what health checks I need to have, why they are important and how often.			
I know how to organise health checks (e.g. an eye check or find a podiatrist).			
I ask for a copy of my health checks and what they mean.			
I have my own Medicare Card.			
I have a GP.			
I know where I will go for adult diabetes care.			
I know I can get support with exams at school/university/TAFE (see page 15).			
I know about costs and concessions for health care (e.g. health insurance, NDSS, Health Care Card).			

## You and your diabetes care team

You don't have to manage your diabetes alone. Your diabetes care team is here to help you live well and stay healthy with diabetes. Their role includes:

- » monitoring your diabetes (e.g. your blood glucose, HbA1c) so you know you're on track or how to get there
- » updating your treatment (e.g. new insulin, pumps, glucose meters, continuous glucose monitoring devices) to suit your lifestyle and keep your diabetes well managed
- » support and education from diabetes educators, dietitians and counsellors
- » helping you avoid future complications from diabetes by
  - managing blood glucose levels (e.g. insulin adjustment advice)
  - checking your body (e.g. eyes, kidneys, feet) for early signs of complications
  - treating problems early if they arise (e.g. protein in the urine).

## Finding your way around the health system

Finding a new diabetes clinic, especially in a large hospital, can be confusing enough. But you may need to access other services too. Do you know where to have your eyes checked or how to find a psychologist if you need to?

- » Find out your clinic's routine and location — do you need to go to pathology beforehand for your blood to be taken? Do you have to check in at reception or take a number?
- » Save the clinic/doctor's name and direct phone number in case you need to call.
- » Ask your diabetes doctor or GP to recommend an allied health professional who knows about diabetes.
- » You need a referral letter from your paediatric clinic or GP to see an endocrinologist or physician (public or private).
- » A Health Care Card (HCC) entitles you to a concession on some health care services and prescriptions. To be eligible for a HCC when you turn 16, you must be a full-time student and your carer must be receiving a Carer's Allowance HCC.



## For people living in rural and remote areas

Endocrinologists and diabetes educators are often not available in rural or remote locations. Some of the options for ongoing diabetes care include:

- » Travelling to the closest city or major town where an endocrinologist and diabetes educator is available
- » Continuing to see your local paediatrician (if one is available). Some paediatricians will continue to see young people up to age 25
- » Your community health service or local hospital may have a visiting medical specialist and/or diabetes educator or nurse practitioner
- » Telehealth consultations (via telecommunications) with an endocrinologist can be organised through your GP or community health service.

Talk to your GP, local community health service or your current diabetes doctor or diabetes educator about options in your area.



## Things you might need

Your own Medicare Card

[humanservices.gov.au](https://humanservices.gov.au) 🔍 *"medicare application form"*

Health Care Card (HCC)

[findus.humanservices.gov.au](https://findus.humanservices.gov.au)

Private health insurance

[privatehealth.gov.au](https://privatehealth.gov.au)

Money matters and health care

[aci.health.nsw.gov.au](https://aci.health.nsw.gov.au) 🔍 *"financial issues adult health services"*

## Getting the most out of medical appointments

- » Come prepared — bring all your diabetes devices (e.g. blood glucose meter, continuous glucose monitor, insulin pump).
- » Ask questions — writing them down beforehand can help you remember and set your own agenda for the consultation.
- » Ask for more information if you don't understand something.
- » Say what you think and ask for help when you need it.
- » Don't wait to be asked if you want to see a diabetes educator, dietitian or psychologist. Arrange a time to see them or ask for the number to call.
- » Find out who to contact and how (e.g. by phone or email) if you have questions between appointments.
- » Bring someone with you for support and to help remember what was said.
- » If you can't make your appointment, that's okay — but call as early as you can to reschedule. This will free up the time for someone else to use.

# Moving on...

## to work, university or TAFE

- » It's important that the people around you know about your diabetes. If you need help at any stage, they will want to be there for you — so it's better that you tell them what you would want them to do (or not do!). What's more, they're likely to be interested in the gadgets and in understanding diabetes.
- » Sometimes people say silly things or ask silly questions about diabetes. Check out the links on page 15 for suggestions on handling well-meaning but irritating comments and questions.
- » There is no reason for diabetes to stop you from having the career of your choice. However, a few jobs may be restricted for people with diabetes due to the risk of hypoglycaemia and safety for yourself and others (e.g. commercial pilot, armed services). Call the NDSS Helpline on **1800 637 700** for more information.



“ When I started my first job I felt quite shy to bring up the fact that I have diabetes, but after a few weeks when I felt much more comfortable in my role I made sure both my direct manager and people I worked with knew I have diabetes and how to assist me if I had a hypo. They were very supportive and it made me feel more confident that if something did happen I had people there to help me.”

**Kim, aged 22**

- » It's not compulsory for you to tell your employer about your diabetes (except for restricted occupations), but it is a good idea. It's against the law for your employer to discriminate against you because of your diabetes — and if you don't tell them, you may not be eligible for any worker's compensation. Most employers will be understanding and try to help you as much as possible: they can make allowances for extra breaks or shift changes if you need them.
- » Universities, Technical and Further Education (TAFE) Colleges and Institutes have support services that can give you advice and assistance, and protect your right to look after yourself and your diabetes during classes and exams. You will need to register with the support service when you enrol to study.
- » If there is a health service on campus, make an appointment to see the doctor or nurse so they know about your diabetes in case you need urgent treatment.





## Tips for work and study

Diabetes and work

[ndss.com.au](https://ndss.com.au) 🔍 *“Work and Study”*

[diabetesaustralia.com.au](https://diabetesaustralia.com.au) 🔍 *“work”*

Learning access plans

[adcet.edu.au](https://adcet.edu.au) 🔍 *“students with disability”*

Disclosing diabetes at work or study

[adcet.edu.au](https://adcet.edu.au) 🔍 *“disclosure”*

“ There are protocols and things in place [at university] to help you succeed... I had a learning access plan, so through that, if I was to have a massive hypo on the morning of an exam, I was allowed to reschedule. I never had to use it, but it was really comforting to have those things there, because I know when I get stressed, and exams were quite stressful, that my levels go all over the place.” **Ben, aged 21**

# Moving on... to four wheels (driving)

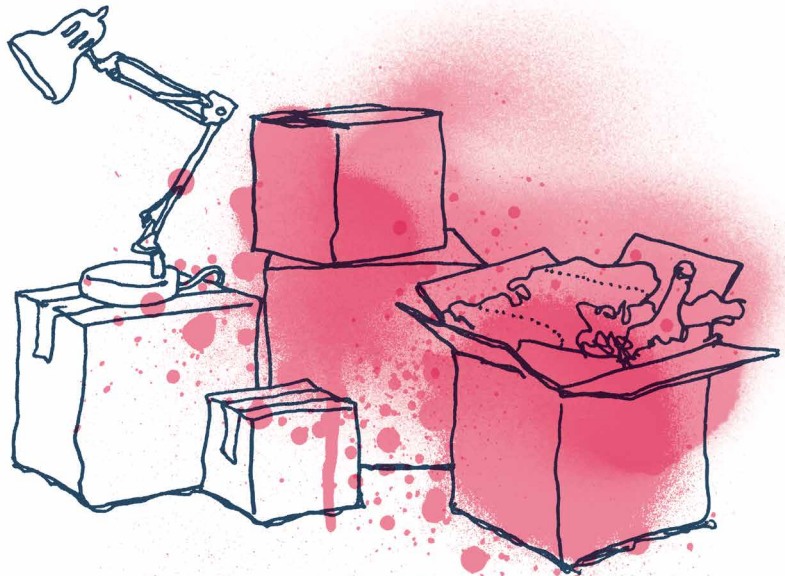
Having diabetes won't stop you from getting your driver's licence, but hypos (low blood glucose) and high glucose levels can both affect your ability to drive safely. To get your learner's permit, you'll need a medical report to show that you're fit to drive. This involves a doctor checking your eyes, how often you have severe hypos, whether you're aware of the onset of your hypos, and discussing with you the importance of glucose monitoring before you drive.



You need to tell the licencing authority that you have diabetes and get a medical certificate every two years to confirm that you're fit to drive. For more information, see [ndss.com.au](https://www.ndss.com.au). 🔍 *“driving”*

## Don't drive under five

- Check your blood glucose level and ensure it is above 5mmol/L and stable before driving.
- Make sure your blood glucose level is above 5mmol/L at all times while driving. Check every two hours.
- At all times, carry fast-acting carbohydrate food (or drink) with you as well as in the vehicle.
- If you have a hypo, pull over, turn off the engine and treat your hypo (with at least 15 grams of glucose). Follow up with longer-acting carbohydrate.
- Wait 15 minutes, then recheck your blood glucose level.
- Wait at least 30 minutes after your blood glucose level is above 5mmol/L before driving again.



# Moving on... out of home

When you move away from home, your carers won't be there to remind you about your blood glucose checks and medication. You'll also need to make sure you have enough supplies and to make your own health check appointments. You might also be dealing with a new job or study, new flatmates, and having to shop and cook for yourself. It can all become a bit stressful and overwhelming at times, so it helps to have a safety net around you.

Here are some tips for your safety net:

- » Tell your friends and flatmates how to treat a hypo and where you keep your glucose and glucagon, and who to contact in an emergency.
- » Find a local GP or after-hours clinic and keep the phone number handy.

- » Locate the closest pharmacy that's open at night.
- » Use your phone or an app to remind you about your appointments, blood glucose checks, line changes, etc.
- » Ask for help when you need it.
- » When you're sick, your blood glucose levels and ketones can be difficult to manage. Have a sick day plan to guide you, and phone your diabetes doctor or diabetes educator for advice (see Making a sick day plan below).

When you're not sure what to do, or you can't get your diabetes on track, call your diabetes doctor, diabetes educator or the NDSS Helpline on **1800 637 700**. They're there to help you.



### Being independent

Tips on leaving home

[ndss.com.au](https://ndss.com.au) 🔍 *"Leaving Home"*

Making a sick day plan

[ndss.com.au](https://ndss.com.au) 🔍 *"sick days"*



# Moving on...

## with life

Having diabetes doesn't need to stop you from doing anything you want to do — it just means some things need a bit more planning.

### Alcohol and drugs

- » People with diabetes can drink alcohol, but it can lower blood glucose and cause a hypo. If you are going to drink you need to know how to prevent hypos and avoid dangerous situations from arising.
- » Excessive (binge) drinking is dangerous for your health. For young people under 18 years of age, not drinking alcohol is the safest option.
- » The sugar in some alcoholic and energy drinks can raise your blood glucose at first, but later, it usually goes lower. A hypo can occur when you are drinking, as well as many hours after drinking.
- » Smoking (tobacco and other drugs) is more harmful for people with diabetes because it increases the risk of heart disease and diabetes complications.

“I had planned to drink, so I went to my diabetes educators and asked them, ‘What’s the safest way I can do this, and how can I go out and be normal with my friends but make sure that I’m safe?’ They were able to answer those questions. I think that’s when I started to feel like I could work with my health professionals, because they were treating me as an individual and a person.” **Ben, aged 21**

- » Caffeine in energy drinks can also lower your blood glucose.
- » If you take recreational drugs you are more likely to forget to take your insulin dose or forget to eat, and you are at a greater risk of high blood glucose levels and ketoacidosis (DKA). Taking drugs may seem like fun but aside from the immediate risks drug use can have harmful long-term effects on your mind as well as your body.

### **To stay safe when drinking alcohol...**

- Eat before heading out and take hypo food/drink with you.
- Never drink or take drugs alone. Ask a friend, who knows you have diabetes, to watch out for you.
- Make sure your friends/flatmates know how to recognise when you are having a hypo and how to help you to treat it and who to call if you need help or become sick.
- Wear some identification stating you have diabetes (e.g. bracelet or card).
- Have an emergency contact in your phone (parent/guardian/carer) marked ICE (In Case of Emergency).
- Check your blood glucose levels before going to bed and set your alarm to wake you up a few hours later to check your levels.
- Have hypo treatment within reach during the night.
- Ask a roommate, family member or partner to check up on you while you're sleeping.

You can ask your diabetes educator or call the NDSS Helpline on **1800 637 700** for information about travel, alcohol, drug use and other tips about living with diabetes. Check out the many information resources available via the following web links, too.



## Information resources

Alcohol and type 1 diabetes

Drug use and type 1 diabetes

Travelling and type 1 diabetes

[ndss.com.au](http://ndss.com.au) 🔍 *"Information and Resources"*

Diabetes for kids and teens

[as1diabetes.com.au](http://as1diabetes.com.au)



“I was your average 19 year old who would go out with my mates and have a good time — which meant way too much alcohol and sometimes drug use. Looking back I know I was making the wrong choices, but at the time it didn't seem that way because everyone I socialised with also did it. I guess I wanted to feel I was part of the group. After an all-night party drinking, I had a massive low. If my mates hadn't been there to call for an ambulance I might have been unconscious for hours or worse. This was definitely the turning point for me. I don't drink nearly as much nor do I take drugs anymore, and I make sure my mates know all about hypos.” **DEAN, aged 21**



**“ One time, I thought I might be pregnant, and got worried that my levels had not been ideal and could affect the baby. It turned out that I wasn’t pregnant, but it made me think about it, and if I was ready. I know it won’t be easy to keep my HbA1c under 7% before, as well as during, pregnancy, but I’m working on it with my educator. My boyfriend and I want to have a baby sooner rather than later.” CARLY, AGED 20**

## Sex, contraception and pregnancy

- » You can talk to your GP, diabetes doctor or family planning clinic about contraception that suits you. Always remember safe sex — it really is essential.
- » Remember, sex is exercise and may lower your blood glucose, so always have hypo food handy, and check your blood glucose.
- » Women with diabetes can have a healthy baby, but planning for when you become pregnant is important to make sure you’re in the best health before you conceive, and that your baby has the best start too.
- » Make an appointment with a diabetes nurse educator as soon as you start thinking about having a baby. Before becoming pregnant your diabetes doctor will organise routine health checks and checks for diabetes complications, review your current medications and prescribe vitamin supplements.



### Pregnancy information

Contraception and pregnancy/planning for pregnancy  
[ndss.com.au/pregnancy](https://ndss.com.au/pregnancy)



- » The first eight weeks of pregnancy is the time when a baby's organs develop, so it is important for your blood glucose levels to be as close to target (HbA1c < 53 mmol/mol, or 7%) as possible during this time. This reduces the risk of health problems in the developing baby.
- » If you find you are pregnant sooner than you intended, organise an immediate appointment at your closest maternity hospital or see a diabetes doctor or a diabetes educator with expertise in managing diabetes and pregnancy.

## Telling a new partner about diabetes

Knowing the right time to tell a date or new partner about your diabetes is a common concern, but earlier is usually better. They will probably need you to explain it to them, as most people know very little about diabetes, but generally want to learn, and will take their cue from you. The more it seems an ordinary part of your life, the more likely others will be relaxed about it too. For more information go to

[diabetes.co.uk](https://diabetes.co.uk). 🔍 *"boy/girlfriend"*

**“ When I first started dating my partner, I didn't like anyone to know I had diabetes. For months I hid my blood tests and injections by doing them in the bathroom. It became more of a hassle to continue to hide it but after so long I just couldn't seem to find the right time to bring it up. When he eventually found out, he was surprised, and a bit hurt that I hadn't told him sooner. He's been really supportive and made an effort to know all he can about diabetes. I'm still embarrassed testing in front of people I don't know, but I'm not going to hide out or let it become a big deal again. If I don't make an issue about it, then I find others don't seem to notice.”**

**ELLY, aged 20**



## Stress and burnout

Life can be stressful, making it harder to pay attention to your diabetes. Living with diabetes can also lead to stress, or ‘diabetes burnout’ — a persistent feeling of distress that can make it hard to stay motivated to manage diabetes day in, day out. This can then lead to feelings of guilt, worry and more stress. Feeling burnt out and distressed about diabetes is common, but it can get better:

- » Don’t be afraid to ask for help — talk with a doctor, diabetes educator or your friends or family.
- » Most diabetes clinics have a social worker or psychologist, or they can refer you to one.



### When diabetes gets you down

[collegediabetesnetwork.org](http://collegediabetesnetwork.org) 🔍 “burnout”

ReachOut

[au.reachout.com](http://au.reachout.com)

Beyondblue

[youthbeyondblue.com](http://youthbeyondblue.com)

**“ I used to feel like I only went to clinic to get my HbA1c done. I’d just say I’m okay and didn’t tell them how I was really feeling. When I finally opened up, they arranged for me to see a social worker. Now I feel I can talk about the problems I’m having and ask for help when I’m feeling burnt out. I no longer think I’m being judged or that my diabetes has to be perfect.” Angie, aged 20**

## Peer support

For people with type 1 diabetes

[jdrf.org.au](http://jdrf.org.au) 🔍 *"type 1 community"*

Australian Diabetes Online Community (OzDOC)

[facebook.com/OzDiabetesOC](https://facebook.com/OzDiabetesOC)

myD Facebook group for young people living with diabetes

[facebook.com](https://facebook.com) 🔍 *"myD – My Diabetes"*

Twitter [#OzDOC](https://twitter.com/OzDOC)



## Peer support

Talking with other people with diabetes can often be helpful. They are likely to understand how you are feeling and what you are experiencing or have practical advice about living with diabetes. There is an active diabetes online community (DOC) using social media (e.g. Facebook, Twitter, online forums) to connect with others from all over the world. There are groups for all ages, stages and types of diabetes and interests (see some examples above). Like most things online, there are helpful and unhelpful people and information, so only participate in what feels comfortable and right for you.

“ I’m a lot more relaxed about it than I had been. I was constantly frustrated about my blood sugars, why isn’t it coming down? Before I would have gotten really upset if my sugars were high but now I go, okay, clearly I miscalculated how much that muffin was, and I learn from that.” **Jin, aged 18**



## Feelings about food

When you have diabetes, a lot of focus is on food and what you eat. You may need to eat when you're not hungry to prevent or treat a hypo. It can also be hard to avoid unhealthy foods and alcohol, and you may not always want to. Meanwhile, there's plenty of social pressure about body weight and image.

It can be difficult to find the right balance between enjoying eating and socialising, and managing your diabetes, as well as your emotional wellbeing. If you're worried about food, eating or weight management, you can talk about this with a dietitian, a social worker, a psychologist or your diabetes doctor. They understand the challenges you're experiencing.

'Dose Adjustment for Normal Eating' (DAFNE) is a 5-day program for people with type 1 diabetes to learn about adjusting insulin doses for the food they want to eat and achieving a flexible lifestyle. Courses are available in most states and territories.



### Information about food

Diabetes and eating disorders

[ndss.com.au](https://ndss.com.au) 🔍 *"eating disorders"*

Eating disorders

[thebutterflyfoundation.org.au](https://thebutterflyfoundation.org.au)

Dose adjustment for normal eating (DAFNE)

[dafne.org.au](https://dafne.org.au)

# Moving on...

## with a new diabetes care team

The referral letter you'll be given for your new diabetes doctor will contain your medical information — but the members of your new diabetes care team also need to know about you as a person.

You can use this form to record your medical history and personal details so you're prepared for the questions you'll be asked. You could even give a copy to your new doctor/clinic to introduce yourself to your new team.

### About me

My name (what I like to be called)

---

My date of birth

---

My interests (what I like to do)

---

My future goals

---

### My health

Illnesses/medical conditions (other than diabetes)

---

### My allergies

I'm allergic to...

---

My reaction is...

---

## My diabetes

Date/age diagnosed

Name of insulin(s)

Name of pump or number of injections per day

How I feel about my diabetes

My main concern about diabetes

What I'd like to talk about with my health professionals

Name of blood glucose meter or continuous glucose monitor

Number of times per day I check my glucose levels

## My medications

1. Medication name

I take this for

The dose I take

When I take it

2. Medication name

I take this for

The dose I take

When I take it

3. Medication name

I take this for

The dose I take

When I take it

## My numbers

Health Care Card number

Medicare Card number

Health insurance fund name and number

## Other important information

**NDSS Helpline 1800 637 700**  
**[ndss.com.au](http://ndss.com.au)**