Diabetes Training

Inpatient and Community Mental Health Workers

Red text refers to ‘Inpatient specific’ information
Green text refers to ‘Community specific’ information
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
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
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.
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
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
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)
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.
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](http://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](http://www.knowdiabetes.org.uk) for more information
- Visit Diabetes UK website: [www.diabetes.org.uk](http://www.diabetes.org.uk)
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Ensure the person has access to proactive diabetic screening

- Does the person with diabetes have reduced sensation?
  - Y
  - N

Subject’s right foot, your left side

- 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

Touch the toes test

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

LOOK

- Ulcers?
- Gangrenous?
- Deformity?
- Corn/Callus?

CHECK

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

REFER

- Ulcers and gangrene
- Heel foot
- All other problems

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

Screen everyone with Type 2 diabetes:

- For people with diagnosed diabetes: review annually—look, listen, feel, and function, blood pressure, eye and foot checks
- Non-attendance of annual checks may be a sign of self-neglect

Ensure person has access to structured education about their diabetes, devices, advice, specialist input if needed, smoking cessation advice and your service

Some people have arterial partial or full revascularisation for Type 1 diabetes to bring their diabetes under control and reduce risk of amputation

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Does the person with diabetes have reduced sensation?

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Subject’s left foot, your right side

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