

Diabetes Education To Assist (DETA) aims to enhance the lives of people in the community with diabetes through providing health services to suit peoples individual health needs. DETA also facilitates educational relationships with health care professionals, health organisations and local community groups. Sheree is a Credentialed Diabetes Nurse Educator, endorsed with the Australian Diabetes Educators Association (ADEA). Sheree has a unique way of looking at and providing support for people with diabetes in the community as she also has Type 1 diabetes.

Diabetes Education To Assist (DETA) provides the following services, but is not limited to;

- ◆ Children and adolescents with type 1 and 2 diabetes
- ◆ Adults with type 1 diabetes, Latent Onset Diabetes in Adults (LADA) and type 2 diabetes
- ◆ Aged care facilities with all types of diabetes (**Item 731**)
- ◆ Clients with special needs and diabetes
- ◆ Women with Gestational Diabetes Mellitus (GDM)
- ◆ Women with pre-existing diabetes and pregnancy
- ◆ Multicultural communities with diabetes
- ◆ Can provide diabetes presentations and education sessions to community groups
- ◆ Can provide presentations, education sessions, diabetes programs, development of diabetes resources, policies and procedures and consultancy in exploring and facilitating diabetes programs for Health Agencies and other health organisations.
- ◆ Home visits can be negotiated

But, what is Diabetes?

Diabetes occurs when the body is unable to produce or supply enough insulin to maintain recommended blood glucose level (BGL) ranges 4-8 mmol/L. Insulin is an important hormone produced in the Pancreas, that transports digested food to the muscles to make energy.

Type 1 Diabetes Mellitus

Type 1 diabetes is an autoimmune disease that causes destruction of the insulin producing beta cells, thus ceasing insulin production and causing elevated BGLs. Some of the symptoms of type 1 diabetes are;

- ◆ Rapid weight loss
- ◆ Infections and poor wound healing
- ◆ Excessive thirst
- ◆ Frequent urination and constipation
- ◆ Mood changes

Emergency treatment is needed if you suspect you or a child has these symptoms

Eating a healthy diet, partaking in regular physical activity, replacing lost insulin with daily insulin injections or insulin pump therapy and attending four daily blood glucose monitoring checks will help maintain BGLs between 4-8 mmol/L. Keeping BGLs within these targets will reduce the risk of diabetes related complications (*heart, eyes, kidneys and feet*). Type 1 diabetes can occur at any age, but is often diagnosed in childhood and adolescence. The cause is not known, but some researchers believe viruses, environmental stress and infections may all be triggers.

Latent Autoimmune Diabetes in Adults (LADA) (Late Onset Type 1 Diabetes)

LADA occurs when insulin production slowly reduces over many years. People diagnosed with LADA are often over 30 years of age and follow the same diabetes management principals as people with type 1 diabetes.

IFG & IGT (Pre Diabetes)

Impaired Fasting Glucose (IFG) and Impaired Glucose Tolerance (IGT) are both forms of insulin resistance, also known as pre diabetes. Blood glucose levels are often elevated, but are not high enough to diagnose type 2 diabetes. Many people in the community are at greater risk of developing type 2 diabetes. Some of the risk factors include;

- ◆ European, Aboriginal and Torres Strait Islander ethnicities

- ◆ If you are overweight, particularly if storing adipose (fat) tissues around abdomen
- ◆ You have poor eating habits and complete minimal physical activity.
- ◆ You have a history of Polycystic Ovarian Syndrome (PCOS)
- ◆ You have a family history of diabetes
- ◆ You had Gestational Diabetes during pregnancy

Healthy eating, regular physical activity and in some cases regular blood glucose monitoring, can help reduce prediabetes and progression to type 2 diabetes.

Type 2 Diabetes Mellitus

Is the most common form of diabetes affecting people over the age of 45, but is becoming more prevalent in the younger population. Type 2 diabetes is caused by insulin resistance which blocks insulin from transporting food to the muscle to make energy, thus causing elevated BGLs. Initially, type 2 diabetes is managed by healthy eating, partaking in regular physical activity, regular BGL monitoring (4-8 mmol/L) and maintaining a healthy weight. This can also help reduce the risk of developing diabetes related complications (*heart, eyes, kidneys and feet*). As type 2 is a progressive disease, tablets and/or a combination of tablets and insulin injection therapy may also be needed. ***Other primary illnesses that can increase the risk of type 2 diabetes;*** people with mental illnesses, treated with antipsychotic medication(s), people taking long term steroid therapy (*including some chemotherapy treatments for cancer*), untreated Hemochromatosis (*ineffective handling of the iron stores in the body*) and others.

Diabetes & Pregnancy

If you have pre-existing diabetes, pre-pregnancy counselling can inform you about diabetes and pregnancy management for a healthy delivery. If you have been diagnosed with Gestational Diabetes, you may need to make an appointment to see a dietitian and/or diabetes educator for diabetes and pregnancy management education to facilitate a healthy delivery.

"Taking time to care for yourself is an essential part of wellbeing and in managing your diabetes"

Make an appointment with Diabetes Education to Assist (DETA) today!

Sheree, the Credentialed Diabetes Nurse Educator (CDE) can help you with diabetes education, management strategies and preventative measures.

Referrals- Self referral, Department of Veterans Affairs (DVA)(D904), healthcare and GP referrals are accepted. Visits can be claimed from Medicare if you are eligible for a Enhanced Primary Care Plan (EPC). If you are not eligible for a EPC, Private Health Cover may cover fee, but check first if your cover *includes Allied Health coverage*. Extra sessions outside of the 5 EPC visits with in a year can be arranged privately. Alternatively, private fees apply. Faxed referrals will be given higher priority.

Appointments- Once the referral is received, Sheree will contact with a suitable time and date for your appointment. Initial individual appointments are 30-45 minutes and Review appointments are 15-20 minutes. Longer consultations can be arranged.

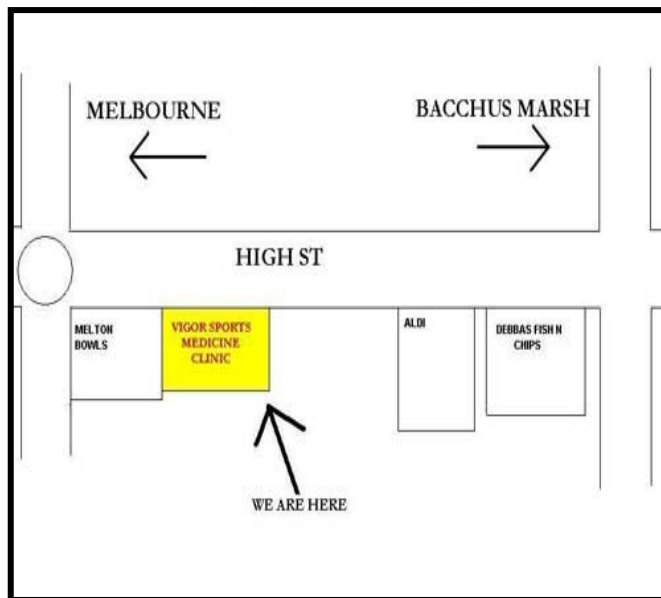
Clients need to bring the following to the visit;

- ◆ Medicare, Concession, Pension, Private Health Insurance or Department of Veteran Affairs (DVA) card(s).
- ◆ Referral letter and EPC plan (**Priority if faxed**) from you GP or referral from your Endocrinologist, or other healthcare professional. (Unless you are self referring)
- ◆ Copies of recent blood tests i.e.:
Haemoglobin A 1 C (HbA1c), Oral Glucose Tolerance Test (OGTT), fasting blood glucose, urine tests, cholesterol, blood pressure and pregnancy and any other relevant test results

If all the relevant information is not made available at the time of your appointment this may cause a delay in your treatment.



Where do I find DETA?



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Diabetes
Education
To
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**Credentialed
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&
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Brochure**

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