

An Australian Government Initiative

Diabetes management in aged care

Fast facts for care workers

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The NDSS is administered by Diabetes Australia

National Diabetes Services Scheme

The NDSS is an initiative of the Australian Government administered by Diabetes Australia. The NDSS provides information, support and services and diabetesrelated products at subsidised prices to people living with diabetes.

Registration is free and open to all eligible people in Australia diagnosed with diabetes.

For more information, visit ndss.com.au or call the NDSS Helpline on 1800 637 700.

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Introduction

This resource contains information about diabetes care and management for people living with diabetes.

Fast facts have been written for aged care workers. The information in this resource is adapted from the "Fast facts" sections in *Diabetes management in aged care: a practical handbook*. For more information on Fast fact topics, refer to the handbook.

On the NDSS website you can also find Six Minute Intensive Training posters on the following topics:

- » Monitoring blood glucose
- » Hypoglycaemia low blood glucose
- » Hyperglycaemia high blood glucose
- » Sick day management
- » Glucose-lowering medicines for type 2 diabetes
- » Know your insulin
- » Insulin administration
- » Healthy eating.

You can find more resources and information on diabetes at ndss.com.au or call NDSS Helpline 1800 637 700.

1. What is diabetes?

When someone has diabetes, their body cannot maintain healthy levels of glucose in the blood. Glucose is a form of sugar which is the main source of energy for our bodies.

For your body to work properly, it needs to change glucose from food to energy. This change happens in the cells of the body. A hormone called insulin is needed for this to happen. Insulin helps glucose move from the blood into the cells.

In people living with diabetes, the pancreas does not produce enough – or any – insulin, or the insulin that is produced does not work properly, which means the glucose stays in the blood and makes their blood glucose levels high.

There are three main types of diabetes:

- » type 1 diabetes
- » type 2 diabetes
- » gestational diabetes.

When someone has diabetes, their body cannot maintain healthy levels of glucose in the blood.

Diabetes myths

There are many myths about diabetes which are not true and can leave people feeling confused. Here are the facts behind some common myths.

'People with diabetes cannot eat sugar' - not true

Given diabetes is a condition where blood glucose levels are too high, many people think they need to avoid sugars and foods containing sugar. However, if eaten as part of a healthy meal plan – and combined with regular exercise – sugar can be eaten by people with diabetes in small amounts. This is the recommendation for all Australians, not just those with diabetes.

'Diabetes is not serious' - not true

There is no such thing as 'mild' diabetes. All types of diabetes are serious and can lead to complications if not well managed. Diabetes can affect quality of life and can reduce life expectancy.

'All types of diabetes are the same' – not true

The main types of diabetes are type 1, type 2 and gestational diabetes. There are also other forms of diabetes, but they are less common.

Each type of diabetes has different causes and is managed in different ways. However, once someone has diabetes, they will need to manage it every day. All types of diabetes are complex and serious.

'Diabetes can be prevented in all cases' - not true

Not all types of diabetes can be prevented. Type 1 is an autoimmune condition and there is no cure or preventative strategy. No one knows exactly what causes type 1 diabetes, or how to prevent it. But research is ongoing to try and find a cure.

There is no single cause of type 2 diabetes, but there are risk factors. The risk of developing type 2 diabetes is increased by some things that cannot be changed, such as family history, age and ethnic background. However, it is estimated that almost 60% of type 2 diabetes can be prevented or delayed by modifying lifestyle factors such as exercise and diet.

'You have to be overweight or obese to develop diabetes' – not true

Being overweight or obese is one risk factor for type 2 diabetes, but it is not a direct cause. Some people above a healthy weight will not develop type 2 diabetes while others who are a healthy weight will develop type 2 diabetes.

Type 1 diabetes is not caused by being overweight.

'You only get type 1 diabetes when young' – not true

Type 1 diabetes can occur at any age. It often occurs in children and young adults, but older people can also develop type 1 diabetes.

'You only get type 2 diabetes when you are old' - not true

Type 2 diabetes usually develops in adults over the age of 45 years, but it is becoming more common in younger age groups, including children, adolescents and young adults.

'People with diabetes should eat a diabetic diet' – not true

There is no such thing as a 'diabetic diet'. People with diabetes do not need a special diet, or things like artificially sweetened, low kilojoule diet or sugar-free jams, chocolates or treats. They should aim to eat a healthy diet, the same as everybody else.

'Only people with type 1 diabetes need insulin' -not true

It is true people with type 1 diabetes need to take insulin every day of their lives. But some people with type 2 diabetes also need to take insulin every day.

How type 2 diabetes is managed may change the longer someone has had it. People may need to use more or different types of medicines. Half of people with type 2 diabetes will need insulin six to ten years after being diagnosed.

Type 2 diabetes does not become type 1 diabetes when a person starts taking insulin.

'People who have diabetes-related complications have not looked after themselves properly' – not true

Diabetes can affect the normal function of the heart, brain, kidneys, eyes and feet, and it can also cause digestive problems or problems with sexual function. Having regular checks can help reduce the risk of diabetes-related complications.

While high blood glucose levels can increase the risk of complications, there are other factors which also increase the risk of complications, some of which are still unknown.

People should not be blamed if they do have complications.



2. Type 1 diabetes

Type 1 diabetes:

- is an autoimmune condition where the body destroys the cells which produce insulin in the pancreas – the beta cells
- is a less common form of diabetes only 10–15% of people with diabetes have this type of diabetes
- » often occurs in people under 30 years of age, but it can occur at any age, including in older people
- » requires the person to replace the insulin their body can no longer make, by injection or by using an insulin pump.

In type 1 diabetes, the pancreas stops making insulin.

Type 1 diabetes



3. Type 2 diabetes

Type 2 diabetes:

- » is where the pancreas is not making enough insulin, or the insulin is not working well enough
- » is the most common form of diabetes it affects 85–90% of all people with diabetes
- » usually occurs in adults but may occur in younger people
- » up to 25% of people over the age of 65 have type 2 diabetes
- » means most people who are diagnosed will need glucose-lowering medicines to manage their diabetes, and a quarter will need insulin.

In type 2 diabetes, the pancreas makes some insulin but it may not be enough and may not be working as well as it used to.

Type 2 diabetes

Person without diabetes

Person with type 2 diabetes



4. Signs, symptoms and diagnosis

Both type 1 and type 2 diabetes can occur at any age.

The signs and symptoms of diabetes in older people may not be as obvious as in younger people. Older people with cognitive decline are also less able to report signs and symptoms. As a result, diabetes can be mistaken for other causes – including 'getting old' – which can delay the diagnosis.

Signs and symptoms which indicate diabetes are shown below.



Actions

If you notice any of the signs or symptoms above, let your supervisor know.

5. Management in the residential care setting

For older people living in residential aged care, helping them maintain the best quality of life should be the main goal of diabetes management.

Monitoring blood glucose levels is one way to do this, but it is just part of an overall management plan. Diabetes care requires a balance between healthy eating, physical activity and medicines, such as tablets and/or injected medicines like insulin. Stress, illness and other health conditions can also have an effect on a person's diabetes.

Things that can affect a person's diabetes:









Medicine

Insulin

Food

Exercise



Stress



Illness



Other health conditions

6. **Blood glucose monitoring**

One aim of diabetes management is to keep blood glucose levels (BGLs) within a specified range. This helps to avoid low BGLs (hypoglycaemia) and high BGLs (hyperglycaemia) levels.

Target BGLs should be set for each individual and reviewed regularly by their healthcare team. This is especially important in an aged care setting because an individual's recommended target BGL range can change over time, as they get older or as other health needs change.

The frequency and timing of blood glucose monitoring should also be tailored to each person. Some may not require any monitoring, some twice a day and others more often. The frequency and timing may change over time or during certain periods such as during an illness.

The most common way to check BGLs is by using a blood glucose meter. To use the meter, place a monitoring strip in the meter and add a small drop of blood from a finger prick onto the monitoring strip. The meter then reads the strip, and a number comes up on the screen. This number is the BGL.

Some residents may be able to check their own BGLs and independence should be encouraged; others may need assistance from staff or carers. Staff or carers performing blood glucose monitoring should be trained in how to do this and in how to respond to readings recorded. If BGLs fall outside the recommended range, reporting this to a supervisor or registered nurse is important.

It is important to record the BGL in the appropriate chart, along with any actions resulting from the readings.

To provide a long-term pattern of blood glucose management an individual will have a blood test that indicates the average BGL over the past two to three months. The treating doctor arranges a test called a glycated haemoglobin (HbA1c).

Some people who have type 2 diabetes may not need regular blood glucose checks, and the HbA1c test may be used to monitor their diabetes. This includes people who manage their type 2 diabetes through a healthy eating plan and physical activity alone, or take oral medicines which do not increase the risk of a low BGL (such as metformin).



7. Hypoglycaemia (low BGLs)

Hypoglycaemia (often known as a 'hypo') means a low BGL. Hypoglycaemia is dangerous, and can be fatal in older people.

It can occur in people who inject insulin or take certain diabetes medicines, and it can happen quickly. It does not occur in people who manage diabetes through a healthy eating plan and physical activity without using medicines. Causes can include:

- » too much insulin or diabetes medicine
- reduction in other medicines such as prednisolone or dexamethasone without adjusting the glucose-lowering treatment at the same time
- » a delayed or missed meal
- » eating only part of a meal and not eating the carbohydrates such as the potatoes, rice, bread or fruit
- » planned or unplanned exercise
- » drinking alcohol.

Actions

- » A hypo needs to be treated immediately even if there are no obvious symptoms. If it is not treated quickly, the person's BGL will continue to fall and they may experience:
 - confusion
 - loss of consciousness/seizures
 - in extreme cases, coma and death.
- » DO NOT leave the person alone.
- » If you are not trained in how to treat a hypo, call for a supervisor immediately.
- » For more information about hypos, read Diabetes management in aged care: a practical handbook.

Signs and symptoms of hypo that people may experience include:



sudden dizziness or weakness, particularly in the legs ('jelly legs'), which may present as stroke-like symptoms



- » hunger
- » tingling around the mouth and face



sweating (usually a cold sweat)



» tachycardia (an abnormally fast heart rate) or palpitations



 feelings of anxiety or unspecified fear



» poor concentration



» drowsiness

The person who is having the hypo may not recognise the signs and symptoms – and they may not be obvious to other people, either.

8. Hyperglycaemia (high BGLs)

Hyperglycaemia is when BGLs are too high. It can happen in anyone who has diabetes. It often happens slowly but it can also happen suddenly, depending on the cause.

Causes of hyperglycaemia may include:

- » too little insulin or diabetes medicine
- » eating or drinking too many carbohydrates

Below are some of the signs and symptoms of hyperglycaemia the person may feel:

 thirst (although this is often absent in older people)



- » drier than normal skin and lips
- » a urinary tract infection
- » increased/excessive amounts of urine
- » poor healing
- » oral or genital thrush.

Actions

- A high BGL every now and then is not a problem. However, action should be taken if the reason for the person's high BGL is unknown. This includes if they have had high BGLs for several days, or if they have symptoms of hyperglycaemia.
- » If you are trained in hyperglycaemia management, follow appropriate guidelines.

- » a decrease in activity
- » illness, infection, injury or pain
- » emotional stress
- » medicine used to treat other illnesses, such as steroids
- their insulin pump not working properly (this can bring on hyperglycaemia suddenly).

Older people sometimes feel no symptoms but other people might notice the following:

- » sunken eyes
- abnormal fatigue (the person may spend the day sleeping in a chair)
- » abnormal vagueness or disinterest
- a fruity smell on the breath (in people with type 1 diabetes)
- » difficulty in rousing them.









- » If you notice an older person with any symptoms of hyperglycaemia, or if you are not trained in hyperglycaemia management but you think something is 'not quite right', let your supervisor know.
- » For more information about hyperglycaemia, read Diabetes management in aged care: a practical handbook.

9. Sick day management

Being sick can make things more difficult for an older person with diabetes. The illness might cause their blood glucose levels to rise, and it might also make it harder to manage their diabetes.

How diabetes is managed during an illness depends on whether the person has type 1 or type 2 diabetes. The person may need more frequent blood glucose monitoring and more insulin (if they usually take insulin).

Fever

Muscle or body

aches

Cough

Actions

- » Take action when you notice the signs or symptoms of an illness.
- » If you think a person is sick, tell a supervisor and/or follow the person's care plan or your organisations' procedure.
- » If you are trained, follow the sick day management guidelines in Diabetes management in aged care: a practical handbook, chapter 9, sick day management.

Symptoms may include:



Sore throat



Runny or stuffy nose



Tiredness



Headache

Diarrhoea



Vomiting



10. Glucoselowering medicines

Glucose-lowering medicines are prescribed for people with type 2 diabetes when their blood glucose can no longer be effectively managed by diet and physical activity alone. In cases where a person has been living with undiagnosed type 2 diabetes for some time, this may occur soon after diagnosis.

Almost 9 in 10 people with type 2 diabetes eventually require glucose-lowering medicines.

Glucose-lowering medicines are different from insulin.

The way a person's body uses medicines can change as they age or have other medical conditions. Medicines can work differently if they have a poor appetite, miss a meal or become less active.

Actions

Follow the 'eight rights' or your organisation's policy and procedures when administering medicine:

- the right patient
- the right medicine
- the right dose
- the right time
- the right route
- the right documentation
- the right reason
- the right response.
- » Let your supervisor know if a person skips a meal, as this may affect their BGLs.

11. Insulin

Insulin is produced in the pancreas by the beta cells.

In all people with type 1 diabetes, their pancreas cannot produce its own insulin. They need to replace the insulin their body no longer makes.

In people with type 2 diabetes, their pancreas is not producing enough insulin, or the insulin is not working well enough.

At the beginning, many people with type 2 diabetes can manage their diabetes with a healthy eating plan and physical activity, although some will need glucose-lowering medicines when they are first diagnosed. As people get older, and their diabetes progresses, they may need glucoselowering medicines or insulin.

Insulin cannot be taken orally, via tablets or capsules. It must be given using a needle, insulin pen device or pump. There are different types of insulin, including rapid-acting, short-acting, intermediate-acting, long-acting and pre-mixed insulin.

Depending on the person and type of insulin and insulin-giving device being used, the insulin may be given once a day or several times a day, depending on their needs.

You must be trained to administer insulin.

Insulin cannot be taken orally, via tablets or capsules. It must be given using a needle, insulin pen device or pump.



How does insulin work?

12. Complications and screening

Screening for diabetes-related complications helps to reduce the risk of diabetes-related complications. High blood glucose levels over an extended period increases the risk of damage to blood vessels.

This in turn increases the risk of damage to the organs that rely on those blood vessels.

Diabetes-related complications can include:



heart attack, stroke or heart failure



vision problems



kidney disease and kidney failure



decreased blood supply to the legs



gastrointestinal problems



sexual health problems



dental problems



increased risk of deafness



increased risk of infection



various skin problems



increased risk of depression and dementia

All people with diabetes should have annual complications screening by their health care team to identify and monitor any issues.

13. Healthy eating

People with diabetes should eat the same healthy foods as everybody should: they do not need a special diet, and they can eat desserts and some sugar in moderation.

It is common for older people to lose their appetite or have problems with swallowing, saliva flow and oral health or dental issues. If a person expresses concern about any of these issues, or or you notice them, let a supervisor know.

Losing weight when you are older can sometimes do more harm than good. If an older person loses muscle, this can affect their functional ability and make them more prone to falls.

Tips to support healthy eating

- Meals, drinks and snacks can be the thing older people most look forward to each day so always do everything you can to make that time as enjoyable as possible.
- » Ensure that the dining environment (whether a dining room or tray set up) is as pleasant as possible and that everything is within easy reach, packets opened, lids removed.
- » For people with limited vision, provide a clear description of the meal and where each item is in front of them.
- If the person has dentures, make sure they are in place, and that they are clean and fit well. It is important that the dentures are checked regularly.
- » Check that the person has no mouth problems, such as a dry mouth, furred tongue, ulcers or tooth decay. Make sure their mouth is moist before meals.

- » If the person has a small appetite, provide smaller, attractively presented meals.
- » If a person has difficulty swallowing, has a wet or 'gurgly' sounding voice or increased coughing/choking during a meal, refer them to a speech pathologist for assessment.
- If a person has a texture modified diet due to swallowing difficulties, let the person know what they are eating or drinking, if the modification has altered its appearance.
 Encourage food and drink intake to avoid the person missing out on nutrition and hydration.
- » Carbohydrates provide energy and are an important source of fibre, vitamins and minerals. Carbohydrates can be found in potatoes, corn, bread, pasta, rice, cereals, lentils, fruit, milk and yoghurt.
- The amount of carbohydrate in food has the biggest effect on a person's BGL:
 - too much carbohydrate can cause blood glucose levels to rise
 - too little carbohydrate can cause blood glucose levels to fall.
- » For people who are on a glucose-lowering medicine (insulin or a sulphonylurea), skipping their meals could cause hypoglycaemia. If they do not eat their meal, encourage them to have some carbohydrate from a different source (for example milk shake, toast or bread, fruit juice, custard or dessert).



14. Sexual health

The sexual health of older people is often overlooked. However, sexual health and sexual health problems should be assessed and managed in the same way as any other health concern.

Sexual health includes being able to maintain healthy intimate relationships. Sexual function is affected by low and high BGLs and by longterm diabetes-related complications. Sexual health problems caused by diabetes-related complications can include erectile dysfunction in men and vaginal dryness in women.

Actions

- » Make sure sexual health is acknowledged as important.
- » If you think a person is having sexual health problems, tell your supervisor.

15. Mental health

Mental health may affect diabetes and also be affected by diabetes.

Symptoms of anxiety and depression in older people are sometimes not recognised because they are seen to be part of 'getting older'.

It is important to tell a supervisor if you notice someone is experiencing the following:

- » sadness
- » tiredness or sleeping a lot
- » trouble falling or staying asleep
- » unexplained aches and pains
- » slowed movement or speech
- » reluctance to participate in activities
- » loss of appetite or not eating
- » neglecting personal care (if they usually do this)
- » a fixation on death or talking about self-harm or suicide.

Symptoms of anxiety and depression in people are sometimes not recognised because they can be seen as part of 'getting old'. You can also support people living in aged care to manage their own health by:

- » detecting and reporting early any changes in their:
 - behaviour
 - mood
 - sleep patterns
 - appetite
 - pain
 - BGLs
 - physical symptoms.
- » ensuring medicines are taken as prescribed
- encouraging the person to eat healthy and nutritious meals (see Chapter 13. Healthy eating)
- » providing opportunities for social activity and engagement, including with their family members or support network (for example, encouraging them to eat meals in the dining room rather than alone)
- » encouraging their active engagement in other preferred solitary or group activities, such as reading, arts and crafts
- » providing regular opportunities for physical activity.

16. Physical activity

Regular physical activity is good for everyone, especially older people with diabetes.

Regular physical activity can:

- » improve muscle strength and heart function
- » reduce tension and stress
- » increase mobility and improve balance
- » improve quality of life
- » help lower blood fats, blood pressure and BGLs
- » reduce the risk of health problems.

Exercise may be challenging for some older people but with the help of an exercise physiologist* or physiotherapist, plans can be developed for people experiencing challenges such as low vision, hearing loss, reduced physical energy and flexibility, or pain. You can help by:

- » encouraging and supporting the person to participate in activities
- » making sure the person wears comfortable, well-fitting shoes
- » checking the person's feet after exercise for any redness or blisters
- » providing plenty of fluids during exercise
- » ensuring people do not start new activities without checking with a supervisor
- » being aware of who is at risk of hypoglycaemia, monitoring for symptoms and supporting with treatment for hypoglycaemia if needed.

***Note:** An exercise physiologist is an allied health professional who specialises in developing exercise programs that prevent and manage chronic conditions and injuries.

Physical activity may be challenging for some older people. With the help of an exercise physiologist* or physiotherapist, plans can be developed for people experiencing challenges such as low vision, hearing loss, reduced physical energy and flexibility, or pain.

17. Foot care

18. Skin care

Foot care is an important part of managing diabetes. The risk of damage to the nerves and blood vessels in feet is increased by having diabetes.

In older people with diabetes, foot problems may contribute significantly to:

- » pain or numbness
- » a higher risk of falls
- » the risk of significant wounds, infection and amputation.

All people with diabetes should have a foot care plan. It is important that they – or you – undertake daily foot hygiene that includes:

- » washing and drying their feet, especially between the toes
- » moisturising the skin but avoiding between the toes
- » looking at their feet and telling your supervisor about skin changes or pain.

Residents with diabetes may not be able to feel their feet, so it is important that they:

- » wear shoes that fit well
- » do not wear thongs
- » check the inside of their shoe for foreign objects or broken lining or anything else that might damage their feet
- wear socks or stockings that are not too tight, with shoes
- » never walk in bare feet, wear shoes during the day and have slippers available at night.

The risk of damage to the nerves and blood vessels in feet can be increased by having diabetes.

As skin ages, it becomes thinner and loses elasticity and moisture. As a result, older people's skin gets damaged more easily, and it takes longer to heal if it gets cracks or tears.

This process is a normal part of ageing, but diabetes can speed it up. Having diabetes can also make it slower to recover from skin infections and sores. It is important to:

- » avoid over-washing the skin
- » use warm not hot water to wash
- » use a pH-neutral soap or non-soap cleanser
- » pat the skin dry, rather than rubbing it vigorously
- » avoid scratching dry skin and instead apply lotion to moisturise
- » moisturise the entire body after each bath, shower or body wash
- » limit time in the sun without skin protection and use sunscreen.

Let a supervisor know if you notice any of the following on a person's body:

- » redness
- » infection
- » cracks
- » itching
- » bruises
- » swelling of any of the limbs
- » changes in skin colour, moisture or temperature.

Having diabetes can make it slower to recover from skin infections and sores.

19. Eye care

Diabetes can increase the risk of damage to the tiny blood vessels in the back of the eye (called the retina). People with diabetes are recommended to have regular eye examinations by an optometrist or an ophthalmologist (eye doctor) to detect problems early.

It is important to make sure that vision problems in older people with diabetes are not assumed to be a normal part of ageing, these should be assessed by a doctor/optometrist.

If a person with diabetes reports any of the following, let your supervisor know:

- » sudden loss of sight or blurred vision
- » flashes of lights in their eyes
- » eye pain
- » double vision
- » redness or swelling of the eye or eyelid.

You can also help people with diabetes by ensuring they have:

- » their glasses clean and accessible, so they can wear them when needed
- » their sunglasses on when outside.

People with diabetes need regular eye examinations by an optometrist or an ophthalmologist (eye doctor) to detect problems early.





20. Oral care

People with diabetes have more glucose in their saliva than people without diabetes, which can result in more tooth decay and gum disease.

Diabetes can also lead to some people having a dry mouth and other oral problems.

If you notice any of these signs or symptoms of oral health problems in a person who has diabetes, let a supervisor know:

- » reduced appetite
- » weight loss
- » dry mouth
- » bleeding gums
- » red, swollen gums or tongue
- » loose teeth

- » a change in the way teeth fit together, or how the person is able to bite
- » a change in the fit of dentures
- » refusal to wear dentures
- » pain or burning tongue or gums
- » ulcers
- » persistent bad breath.

People with diabetes have more glucose in their saliva than people without diabetes, which can result in more tooth decay and gum disease.



21. National Diabetes Services Scheme

The NDSS is an initiative of the Australian Government administered by Diabetes Australia since 1987. Registration with the NDSS is free and open to all Australian residents diagnosed with diabetes.

Through the NDSS people with diabetes can access:

- » support services such as face-to-face and online self-management education programs for practical help and guidance
- » digital and printed diabetes and health information and resources
- » subsidised diabetes products.

Registration

It is important to register all newly diagnosed older people and people who have diabetes who are not yet registered with the NDSS. Contact the NDSS Helpline on **1800 637 700** to:

- » update a person's details with their new address if they move into a residential aged care facility, or to advise the NDSS the person with diabetes passes away
- » check whether all eligible people living in your aged care facility are registered
- » register a person who is newly diagnosed with diabetes
- » update a person's details if their diabetes management is changing to injecting insulin or a glucose-lowering medicine.

Services, products and resources

A range of subsidised diabetes products can be accessed through the NDSS including:

- » subsidised blood glucose testing strips
- » subsidised urine testing strips
- » subsidised insulin pump consumables (for approved people with type 1 diabetes who meet eligibility criteria)
- » subsidised continuous and flash glucose monitoring products (for people with type 1 diabetes, or conditions similar to type 1 diabetes, who meet the eligibility criteria)
- » fully subsidised syringes or pen needles for insulin or approved non-insulin injectable medicines.

Older people can receive a further discount on some NDSS products if they hold one of the following concession cards:

- » Health Care card
- » Pensioner Concession card
- » Pharmaceutical Benefits Scheme Safety Net card
- » Department of Veterans' Affairs Concession card.

Subsidised diabetes products can be accessed at community pharmacies around Australia. The pharmacies are sometimes called 'NDSS Access Points'.

For more information about the NDSS, visit ndss.com.au or call the NDSS Helpline 1800 637 700.

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