

A middle-aged man with short, dark hair and glasses is sitting on a white sofa. He is wearing a light grey long-sleeved sweater. He is holding a clear glass of water in his left hand and a small brown pill bottle with a white cap in his right hand. He is looking down at the glass with a focused expression. The background is a bright, indoor setting with a window showing a brick building outside and a white bookshelf with some books and a small plant on the right.

Monitoring

Different ways to test your blood sugar level

Done at home using a glucometer

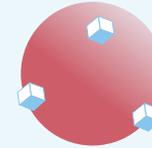


What is blood sugar level?

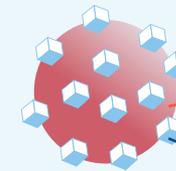
- **“At the moment”** level of sugar (glucose) in your blood

Done at the clinic

Normal HbA1c



High HbA1c



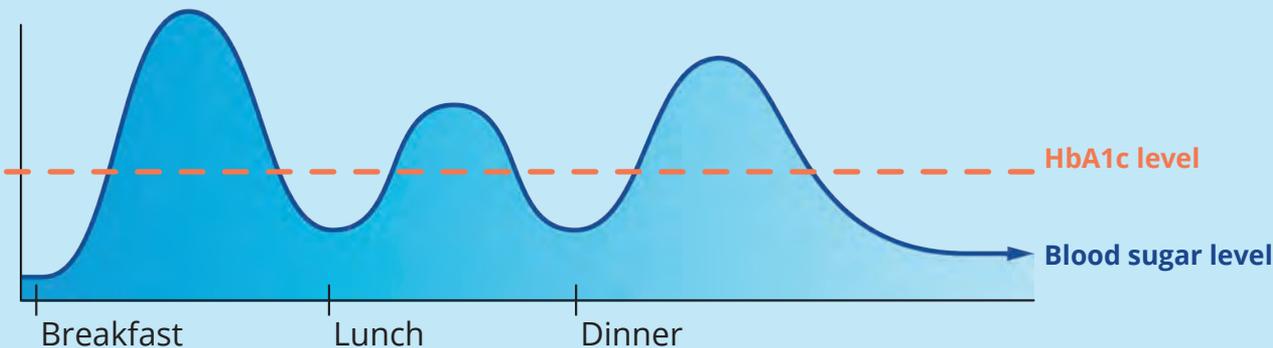
Red blood cell

Sugar

What is HbA1c?

(Glycosylated haemoglobin)

- **Sugar** (glucose) **attached to protein** in red blood cells
- Shows your **average** blood sugar level **over 3 months**



Different ways to test your blood sugar level

For individuals with type 2 diabetes, consider self-monitoring (using a glucometer), if you are

- At increased risk of developing hypoglycaemia (low blood sugar)
- Pregnant with pre-existing diabetes or Gestational Diabetes Mellitus (GDM)
- Experiencing acute illness
- Having difficulty achieving glycaemic goals
- Fasting for religious reasons (e.g. Ramadan)

Monitor your blood sugar level before and after meals

	Blood sugar	Before food	2 hours after food
	Too high Risk of hyperglycaemia	> 7.0 mmol/L	> 10.0 mmol/L
	Optimal	4.0 to 7.0 mmol/L	4.0 to 10.0 mmol/L
	Too low Risk of hypoglycaemia	< 4.0 mmol/L	< 4.0 mmol/L

Your targets may vary depending on your condition;
discuss this with your doctor or care team

When to test your blood sugar level



Before a meal or 2 hours after



When you experience **hypoglycaemia** (low blood sugar) symptoms (e.g. dizziness, hunger)



Before or after **exercise**



When you are **sick and not eating well**

Monitor your blood sugar level before and after meals

Blood sugar	Before food	2 hours after food
 <p>Too high Risk of hyperglycaemia</p>	> 7.0 mmol/L	> 10.0 mmol/L
 <p>Optimal</p>	4.0 to 7.0 mmol/L	4.0 to 10.0 mmol/L
 <p>Too low Risk of hypoglycaemia</p>	< 4.0 mmol/L	< 4.0 mmol/L

Your targets may vary depending on your condition; discuss this with your doctor or care team

Common signs and symptoms of **HYPOglycaemia** (low blood sugar of < 4 mmol/L)



Hunger



Hand tremors



Abnormally fast heartbeat



Fatigue



Mood changes
(e.g. anxiety, irritability, nervousness)



Dizziness or headaches



Changes in behaviour
(e.g. confusion, weakness, unclear speech)



Drowsiness

If you experience **HYPOglycaemia** symptoms or your blood sugar level is low (< 4 mmol/L)

1



Drink **half a glass** of sweetened drink

OR



Eat **3 soft candies** (sugar-containing) or sugar (glucose) tablets



Repeat steps **1 & 2**, one time



If **symptoms persist after second attempt**, seek **medical advice** (if your doctor is unavailable and it is an emergency, head to the A&E)

2



After **15 minutes**, check blood sugar level



If **symptoms persist** or blood sugar level is low (< 4 mmol/L)



If symptoms **resolve** or blood sugar level is ≥ 4 mmol/L

3

Eat a **light snack** (e.g. bread, biscuits) or have your next meal earlier **to prevent blood sugar levels from dropping** again



- Record what happened prior to experiencing hypoglycaemia
- If hypoglycaemia is frequent, do a medication check with your doctor

How can I **prevent HYPOglycaemia** (low blood sugar)

What to do



Do not **skip meals** even when busy



Bring a few **sugar-containing sweets** along whenever you go out



Eat **extra carbohydrates** before any **exercise or strenuous activity**



Do not **take diabetes medication or insulin injection** in the morning when fasting for a blood test



Closely **follow instructions** on when to take your medication, especially in relation to meals



If you experience **hypoglycaemia frequently, check with your doctor** if your medication needs adjustment

Common signs and symptoms of **HYPERglycaemia** (high blood sugar)



Increased thirst



Frequent urination



Increased hunger



Blurred vision



Headaches



Weight loss



Slow-healing cuts



**Blood sugar level
> 15 mmol/L**

If you experience **HYPERglycaemia** symptoms or your blood sugar level is high (> 15 mmol/L)

1



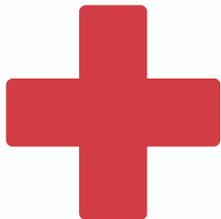
Check your **blood sugar level** more often

2



Drink plenty of **plain water**

3



Seek medical advice if your blood sugar level is persistently > 15 mmol/L (i.e. remaining very high for more than 24 hours)

Go for your **regular check up** to detect and **prevent complications**

Assessment / Test	Frequency
<ul style="list-style-type: none">• Weight and height (BMI)• Blood pressure• HbA1c (blood sugar)• Stress, emotional well-being	At least every 3 to 6 months
<ul style="list-style-type: none">• Lipid profile (cholesterol)• Kidneys• Eyes• Feet	At least once a year

Possible complications



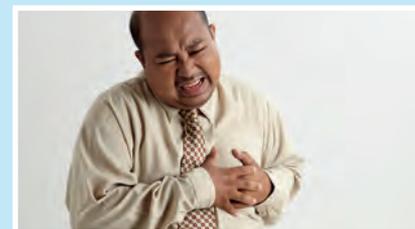
Kidney failure



Blindness



Amputation



Heart attack



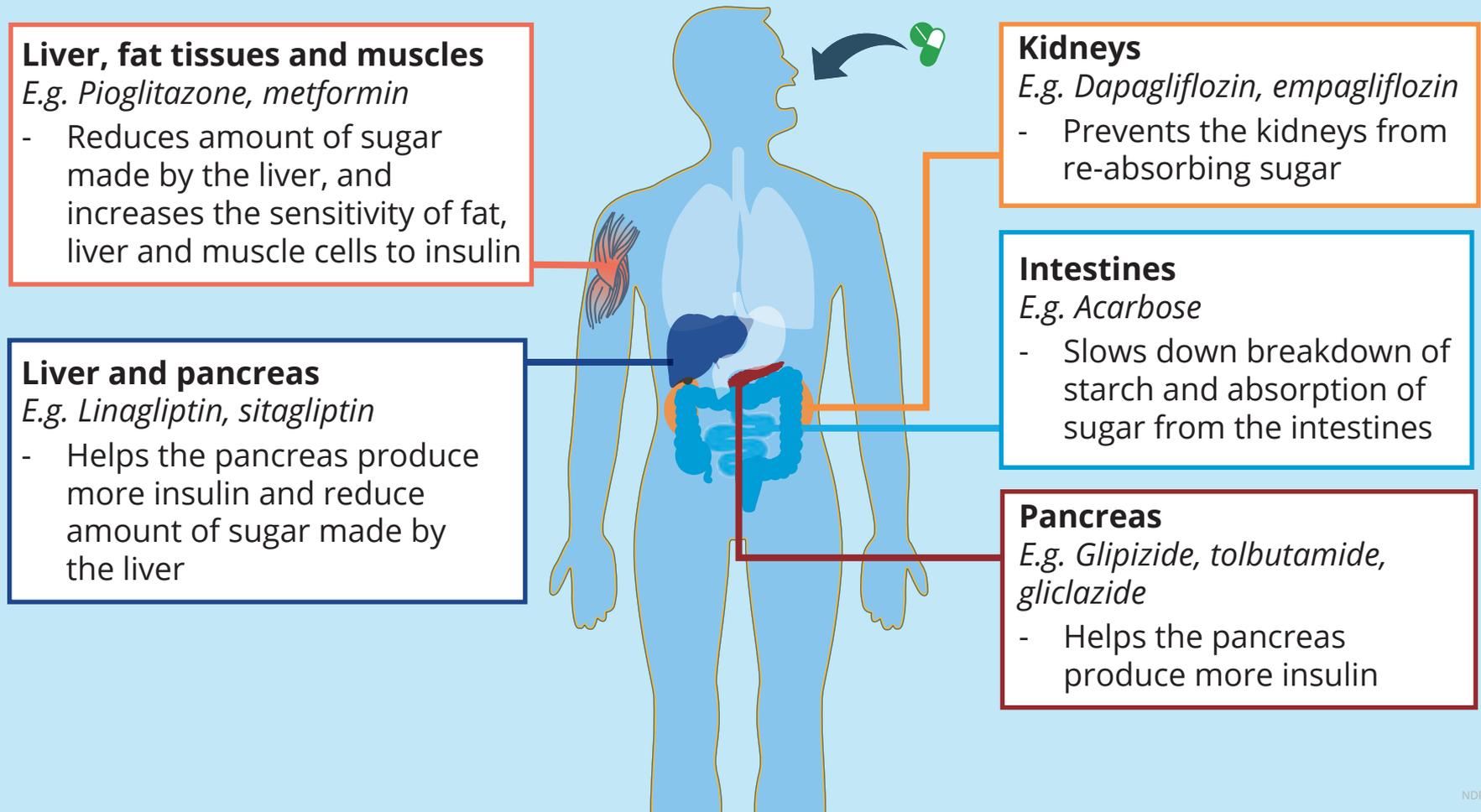
Stroke

The frequency of tests may vary depending on your condition

Treatment

A photograph of a male doctor with glasses, wearing a white lab coat over a suit and tie, sitting at a desk. He is looking towards a patient whose back is to the camera. The doctor has an identification badge on his chest. The word "Treatment" is written in large, bold, black letters across the center of the image. The background shows a clinical office setting with a window and some office equipment.

Medications work in different ways, on different body parts



Take your **medication** as **prescribed**



Take your medication(s) regularly at the correct time(s)



If you miss a dose, take it as soon as you remember; if it is time for the next dose, skip the missed dose



Eat meals regularly to prevent hypoglycaemia (low blood sugar)



Avoid taking alcohol with medication



Inform your healthcare professional if you are:



- **Taking metformin** before going for any scans (e.g. X-ray) or procedures
- **Pregnant or planning to get pregnant** before taking medication



- Experiencing **persistent symptoms of hypoglycaemia** (low blood sugar)



Medication

Take your medication as prescribed



Take your medication(s) regularly at the correct time(s)



If you miss your dose, follow your healthcare professional's instructions on what to do



Eat meals regularly to prevent hypoglycaemia (low blood sugar)



Avoid taking alcohol with medication



Inform your healthcare professional if you are:



- **Taking metformin** before going for any scans (e.g. X-ray) or procedures
- **Pregnant or planning to get pregnant** before taking medication

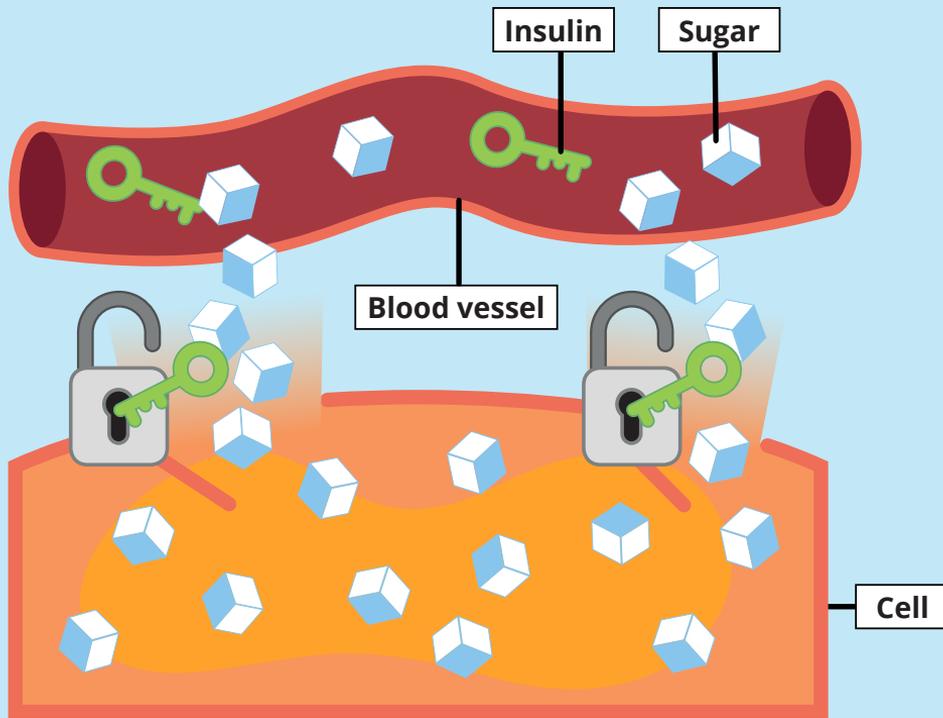


- Experiencing **persistent symptoms of hypoglycaemia** (low blood sugar)

Types of tablets	Action	Comment
<p>Sulphonylureas e.g.</p> <ul style="list-style-type: none"> - Chlorpropamide (Anti-D Tablet®) - Glibenclamide (Glyboral®) - Gliclazide (Diamicron®) - Tolbutamide (Tolmide®) - Glimepiride (Amaryl®) - Glipizide (Minidiab®) 	<p>Help the pancreas to release more insulin.</p>	<ul style="list-style-type: none"> • Take the tablet(s) immediately before meals. Do not miss or delay meals. Otherwise, your blood sugar level may fall too low. • Inform your doctor if you have G6PD deficiency. • May also cause weight gain.
<p>Biguanides e.g.</p> <ul style="list-style-type: none"> - Metformin (Glucophage®, Glucophage XR®) 	<p>Help the body to use insulin more effectively and also decrease the amount of sugar made by the liver.</p>	<ul style="list-style-type: none"> • Take the tablet(s) with meals or after meals. • May cause stomach discomfort, nausea, vomiting, diarrhoea, loss of appetite and metallic taste in your mouth but should get better over time once your body becomes familiar with the medication. • Take metformin with meals or after meals to reduce stomach side effects. • Make sure to ask your doctor for advice if you need to have an examination involving the injection of dye/contrast or if you need to have major surgery. You may need to stop taking this medicine for a certain time before and after the examination or the surgery.

Types of tablets	Action	Comment
<p>Alpha-glucosidase inhibitors e.g. - Acarbose (Glucobay®)</p>	<p>Help to stop the quick rise of blood sugar after a meal by delaying the breakdown of carbohydrates and absorption of sugar by the intestines.</p>	<ul style="list-style-type: none"> • Take the tablet(s) with the first mouthful or immediately before each of the three main daily meals. • May cause stomach discomfort, bloating or gas, or diarrhoea. These symptoms may happen but should get better over time once your body becomes familiar with the medication.
<p>Meglitinides e.g. - Repaglinide (Novonorm®) - Nateglinide (Starlix®)</p>	<p>Help the pancreas to release more insulin.</p>	<ul style="list-style-type: none"> • Take the tablet immediately before meals. Do not miss or delay meals. Otherwise, your blood sugar level may fall too low. May cause weight gain.
<p>Thiazolidinediones (TZD) e.g. - Pioglitazone (Actos®)</p>	<p>Help to lower blood sugar level by making body tissues more sensitive to insulin.</p>	<ul style="list-style-type: none"> • Take the tablet with or without food. • Talk to your healthcare professional if you have heart conditions or have fallen down more than once in the past year.
<p>Dipeptidyl peptidase-4 (DPP-4) inhibitors e.g. - Sitagliptin (Januvia®) - Linagliptin (Trajenta®) - Vildagliptin (Galvus®) - Saxagliptin (Onglyza®)</p>	<p>Help to lower blood sugar level by increasing levels of a group of gastrointestinal hormones, which in turn increase insulin secretion and decrease blood sugar levels.</p>	<ul style="list-style-type: none"> • Take the tablet with or without food. • Inform your doctor promptly if you have severe and persistent stomach pain, which might reach through to your back, with or without nausea and vomiting, as these could be signs of an inflamed pancreas (pancreatitis).
<p>Sodium Glucose Co-transportase (SGLT-2) inhibitors e.g. - Dapagliflozin (Forxiga®) - Empagliflozin (Jardiance®) - Canagliflozin (Invokana®)</p>	<p>Help to lower blood sugar level by removing excess sugar from the body via the urine.</p>	<ul style="list-style-type: none"> • Take the tablet with or without food. • May cause weight loss. • May cause genital and urinary tract infections, and low blood pressure. • Stop the medication and see your doctor if you experience fever, persistent vomiting, dehydration, sweet fruity breath and/or ketones in urine.
<p>Glucagon-like peptide-1 (GLP-1) receptor agonist e.g. - Liraglutide (Victoza®) - Exenatide Extended Release (Bydureon®) - Dulaglutide (Trulicity®)</p>	<p>Help to lower blood sugar level by slowing digestion of sugars.</p>	<ul style="list-style-type: none"> • This is a non-insulin injection that can be given with or without food. • Some patients may experience nausea, vomiting and diarrhoea. • Inform your doctor promptly if you have severe and persistent stomach pain, which might reach through to your back, with or without nausea and vomiting, as these could be signs of an inflamed pancreas (pancreatitis).

Insulin therapy



Insulin allows sugar (glucose) into the body cell



Insulin injections can help

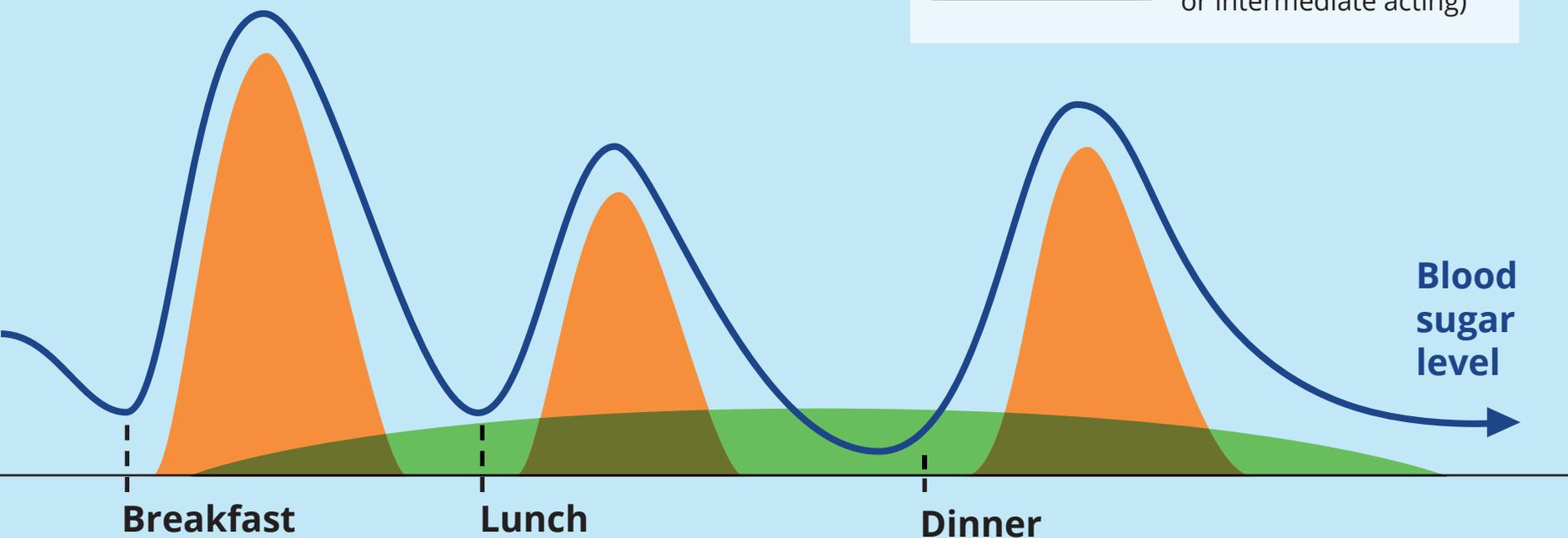
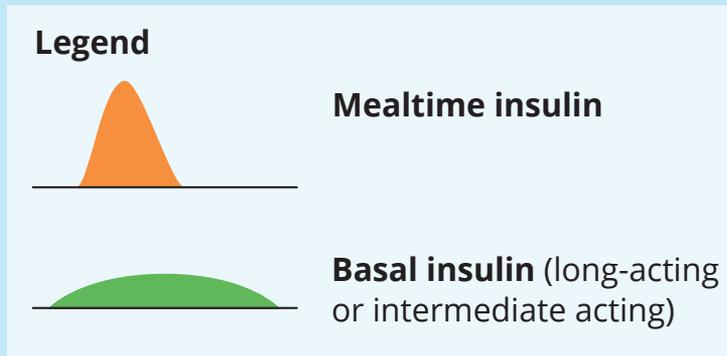
- Improve blood sugar control
- Prevent or delay complications



Insulin injections may cause

- Hypoglycaemia (low blood sugar)
- Potential weight gain

How different types of insulin affect your blood sugar level throughout the day



Part 1: How to draw insulin from a vial

Gather your supplies



1. Vial



2. Syringe and plunger



3. Swab

Preparation

Follow these steps to prepare your single or mixed dose insulin



1. **Gather your supplies**
(syringe, insulin, alcohol swabs)



2. **Wash your hands** with soap and running water then dry your hands thoroughly



3. **Roll the vial of insulin (if the insulin is cloudy)** between the palms of your hands to mix it and/or warm it up to body temperature



4. **Clean the rubber stopper** on the vial with an alcohol swab

Part 2: How to draw a dose (single)

If you are drawing a **SINGLE** dose

After completing part 1 (preparation), follow these steps to draw a **SINGLE** dose of insulin into the syringe



1. **Draw air into the syringe** to the level prescribed for your insulin dose



2. **With the vial standing upright**, inject the air dose into the vial by pushing down the plunger



3. **Turn the vial and syringe upside down**, ensure the needle tip is covered by the liquid



4. **Pull back the plunger** to withdraw insulin to the level of the prescribed dose



5. **Gently flick the side of the syringe** to remove air bubbles, if needed

Part 2: How to draw a dose (mixed)

If you are drawing a MIXED (clear + cloudy insulin) dose

After completing part 1 (preparation), follow these steps to draw a **MIXED** dose of insulin into the syringe



1. **Draw air into the syringe** to the level prescribed for your **cloudy insulin** dose



2. **Insert the syringe into the cloudy vial** and inject the air dose into the vial by pushing down the plunger - remove the syringe without drawing insulin



3. **Draw air into the syringe** to the level prescribed for your **clear insulin** dose



4. **Inject the air dose** into the clear vial in an upright position



5. **Turn the vial and syringe upside down** - ensure the needle tip is covered by the liquid



6. **Slowly pull back the plunger** to withdraw clear insulin to the level prescribed



7. **Remove the partly filled syringe** from the clear vial and insert it in the vial of cloudy insulin



8. **Turn the vial and syringe upside down** and slowly withdraw to the level prescribed for total amount of insulin (**clear + cloudy**)

Part 3: How to inject insulin

Step-by-step guide to injecting insulin into your chosen site



1. Clean your chosen site with water and tissue



2. Lift the skin with your thumb and finger on the chosen site. With your other hand, hold the syringe (like a pencil, keeping fingers off the plunger) close to the chosen site at a 90 degree angle



3. Push the syringe all the way into the lifted skin fold, then push the plunger all the way down to deliver insulin into the fatty tissue



4. Withdraw the needle from the skin at the same angle that it was inserted and then release the skin fold

Insulin pen

How to prepare an insulin pen for injection



1. For cloudy insulin roll the pen in **between your palms** in a horizontal motion **10 times**

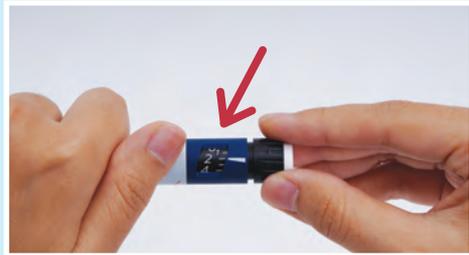


2. Then move the pen **up and down gently 10 times** as shown so the **glass ball moves from one end of the cartridge to the other**.

Repeat rolling and moving the pen until the **liquid appears uniformly white and cloudy**



3. **Clean the rubber membrane** with an alcohol swab and allow it to dry before attaching the insulin needle onto the insulin pen



4. **Dial 2 units** by turning the dose selector



5. **Hold the insulin pen with the needle upwards** and tap the cartridge gently with your finger a few times to let air bubbles collect at the top of the cartridge



6. With the insulin pen still pointing upwards, **press the push button all the way in** (the dose selector should return to '0', and a **drop of insulin should appear** at the needle tip)



7. **Select the dose** of insulin you need

How to inject insulin with an insulin pen

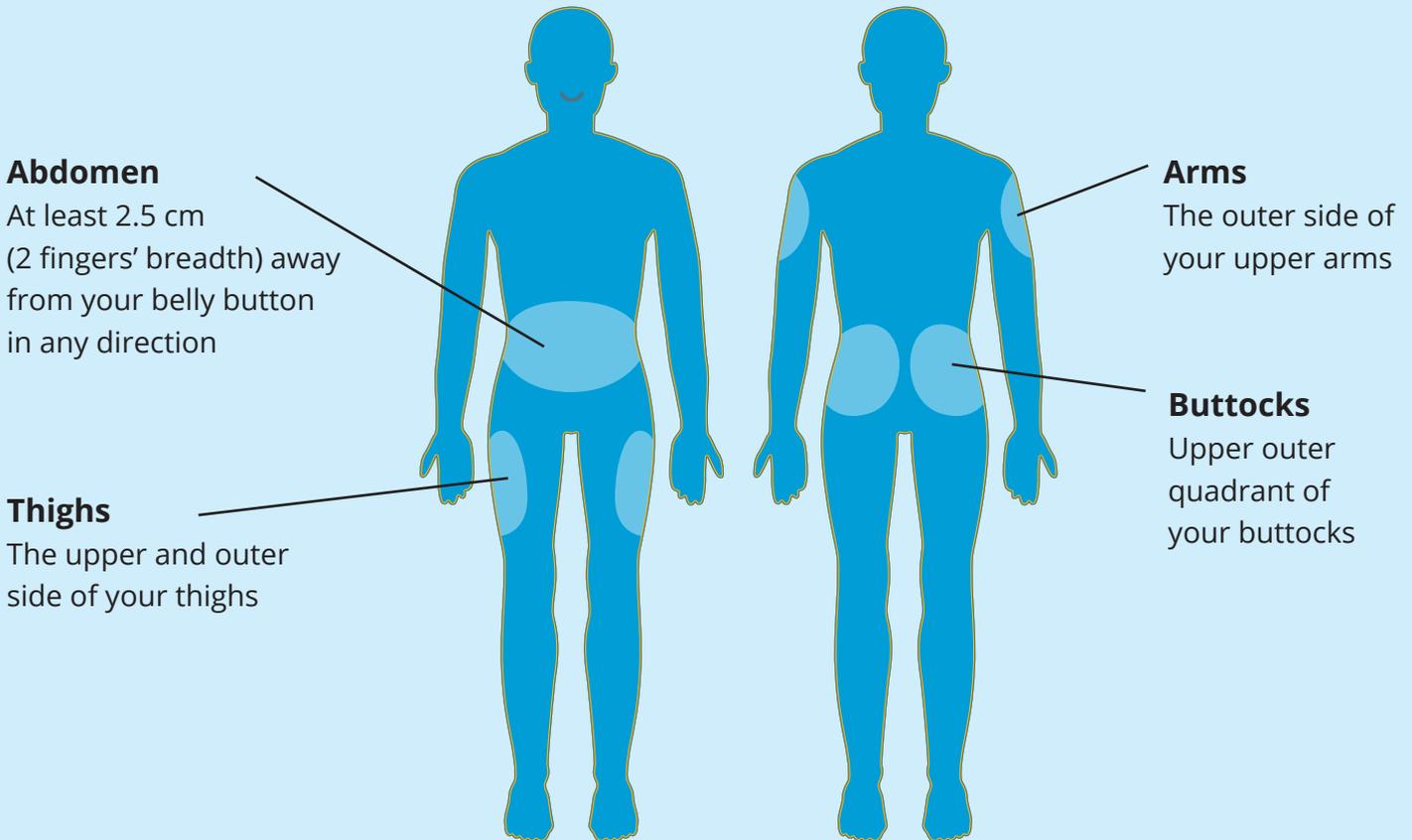
1. **Wash your hands** with soap and water
2. **Dry hands** with a tissue paper or hand towel
3. **Select the injection site** at your abdominal area
4. **Clean** the chosen site with water and tissue
5. **Wait** for the site to dry
6. **Lift up a skinfold** using your thumb and index finger
7. **Inject insulin at 90 degrees** perpendicular to the injection site
8. **Inject the dose** by pressing the push-button all the way in **until '0'**
9. **Keep the push-button down** fully for **at least 6 seconds** (to ensure the full dose has been injected) and as you withdraw the needle from your skin
10. **Place the outer needle cap on the table.** Direct the needle tip into the outer needle cap without holding onto it (to prevent finger stick injury). Unscrew and dispose the used needle after it is covered
11. **Store the insulin pen at room temperature** after injection, away from direct sunlight and heat



Insulin sites

Suitable sites for insulin injection

Visual guide to show where you can inject insulin



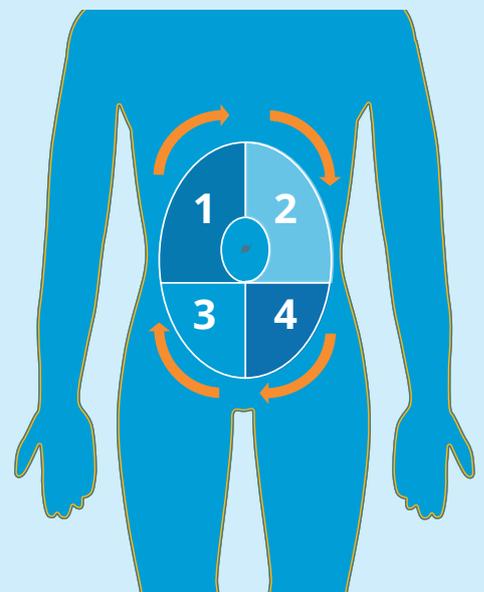
To note

- Different sites absorb insulin at different rates. Insulin is absorbed the fastest in the abdomen and slowest in the thighs
- Rotate sites (e.g right and left thigh) to avoid swelling as this may affect insulin absorption

Site rotation

Move 2 fingers along from your last insulin injection site

- Rotate injection sites by moving 2 fingers' breadth along from your last injection site until you have used an entire area
- Move to a new injection area every 1 to 2 weeks



Storage and disposal of insulin

Insulin storage

Quick tips on storing and handling your insulin



1. **Write the date on the vial** on the day you open it



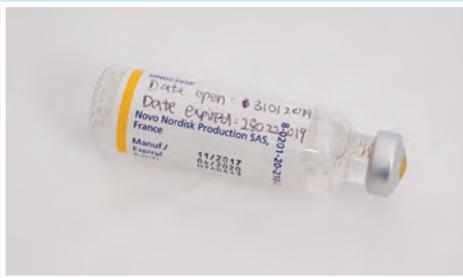
2. **For open vials or pens, store them at room temperature** and away from direct sunlight



3. **For unused vials or pens, store them in the fridge,** not the freezer



4. **Avoid shaking the insulin** vial excessively to prevent air bubbles forming



5. **Discard the insulin if expired** (30 days after opening), contaminated, or if there are insoluble particles

How to safely dispose of used syringes and insulin pen needles

Proper disposal protects cleaners from accidental injuries, and prevents your used syringes and insulin pen needles from falling into the wrong hands



1. **Place used syringes and insulin pen needles in a hard puncture-resistant container** with a **securable lid**



2. **Label the container** "Used syringes and insulin pen needles"



3. **Seal the container** when it is full



4. **Discard the container** down the rubbish chute or in a rubbish bin

To note: Discard all used syringes and insulin pen needles – do not reuse them. Containers that are suitable for safe disposal must be hard plastic, metal or a sharps container, such as an empty detergent bottle or metal tin

A young woman with dark, curly hair is smiling and brushing her teeth. She is holding a white toothbrush with blue accents. The background is a bright, slightly blurred indoor setting. The text 'Foot and Dental Care' is overlaid in the center of the image.

Foot and Dental Care

Poorly controlled diabetes can lead to **foot complications**



Nerve damage can make your foot feel numb and change its shape, increasing your risk of getting **calluses** and **ulcers**



Extremely **poor blood circulation** (vasculopathy) can cause wounds to heal poorly; an **amputation** may be required to save your life

Good foot care practices



Monitor feet every day



Maintain **good foot care and hygiene**



Moisturise regularly



Wear well-fitting and covered footwear



Apply simple first aid for small wound



Seek medical help if wound is **not healing well**, or **worsens**

Good foot care practices



Monitor feet every day

Watch out for:

- Blister, wound, corn, callus, or toenail abnormality
- Redness, swelling, bruise, or increased warmth



Maintain **good foot care and hygiene**

- **Clean feet daily** with mild soap and water
- Dry thoroughly **between each toe**
- Use a pumice stone or foot file to gently remove hard skin
- **Avoid cutting nails too short**; cut them straight across and file corners



Moisturise regularly

- **Avoid** using **harsh soap**
- **Apply moisturiser daily** but not between each toe
- **Avoid scratching** skin as it may lead to wound or bleeding



Wear well-fitting and covered footwear

- Wear well-fitting covered **shoes with socks**
- **Home sandals** are recommended
- **Check and remove** any stones or sharp objects inside shoes before wearing them



Apply simple first aid for small wound

- **Clean small wound with saline** before applying antiseptic and covering with a plaster
- **Seek medical help** if there is no improvement **after two days** or **if there are signs of infection**



Seek medical help if wound is not **healing well**, or **worsens**

- If **signs of infection** are present, such as redness, swelling, increased pain, pus, fever, or the wound starts to smell, seek medical help as soon as possible

! Seek immediate medical attention if your foot is cold, pale, discoloured, numb, painful or unable to move

Where to go for further help

- Go to your doctor for advice, and if needed you can get a referral to a podiatrist for further management
- Seek early review by a podiatrist if your foot feels numb (e.g. you are unable to feel your footwear properly)

Good footwear is important

Ideal features of supportive footwear

Adjustable ankle fastening (lace or velcro)

- To **hold feet in place** and **reduce rubbing** within shoes

Soft and breathable materials

- To prevent **too much moisture** within shoes



Soft cushioning inner sole

- For **better comfort**

Deep and wide toe box

- To let toes **wiggle freely**
- Make sure there is **one thumb's width** of space between toes and tip of the shoes
- Make sure shoes are broad enough for feet and any deformities

Firm back (heel counter)

Low heel

Flexible at front section of the sole

- To allow **natural movement** of toes when walking

Firm at back and middle sections of the sole

- To **support** middle part of the foot (arch)

Remember to

- Choose socks with **tops that are not too tight**
- Wear a pair of **cotton socks or stockings** with your shoes at all times
- Wear **well-fitted covered** shoes
- **Check and remove** any stones or sharp objects inside your shoes before wearing them
- Use **suitable footwear** for different activities (e.g. exercise with sports shoes, do daily shopping with sandals or sports shoes, and use bedroom slippers with cushioning at home)

Keep your **mouth healthy**



Brush your teeth and **tongue** at least twice a day (in the morning and before sleeping) for 2 minutes with fluoride toothpaste



Use a soft-bristled toothbrush; change every 3 months or when bristles spread out



If you wear **dentures**, clean them after **every meal**; remove, clean and soak dentures in water before sleeping



Clean **in between your teeth** with a floss or interdental brush at least once a day



Tilt the **brush at an angle** to your gum line, moving it in small circular motions across all front, back and chewing surfaces of your teeth, not forgetting the back molars



Visit a dentist every 6 months to 1 year to check your teeth; let the dentist know about your blood sugar control and the medication you are taking

See your dentist if you have ...



Persistent bleeding gums



White patches in your mouth



Receding gum lines



Loose or shaky adult teeth and/or widening gaps between your adult teeth



Pain in your mouth



Bad breath or dry burning sensation in your mouth

A photograph of a woman and a man in profile, looking upwards and to the right. The woman is in the foreground, wearing a pink shirt, and the man is behind her, wearing a blue shirt and glasses. The background is a bright, out-of-focus outdoor setting with greenery and sunlight. The text "Self-care" is overlaid in the center in a bold, black, sans-serif font.

Self-care

How can I **manage stress**?

Physical and mental stress can affect blood sugar levels



Eat **healthy**



Stay **active**



Get enough **rest**



Plan well and **prioritise**
your activities



Make **time for**
yourself daily



Talk with someone
who is **supportive and**
understanding

How can I **manage stress**?

Diabetes can increase stress

- Accepting your diagnosis
- Adjusting to treatment and changes in your life
- Managing relationships

Physical and mental **stress can change blood sugar levels**

Examples of poor social support

- The significance of your condition is downplayed
- You are blamed for your condition
- Your life is micromanaged

What to do if you experience poor social support

- Share how you feel, including what was unhelpful
- If negative support persists, seek professional help

Relaxation techniques that can help to **relieve stress**



Deep **breathing**



Progressive **muscle relaxation**



Listening to **music**



Creative **hobbies**



Walking and **other physical activities**



Yoga, taichi, qigong
and **meditation**

Relaxation Techniques - Progressive Muscle Relaxation

Find a comfortable position either sitting or lying down. Breathe in deeply through your nostrils and exhale through your mouth slowly. Feel your body relaxing. Repeat this.

Follow the sequence below.

- During each step in the sequence, hold for 5 seconds and slowly relax.
- Complete each step 2 times.
- If you have any pain in any of the targeted muscle groups, please move on to the next step.



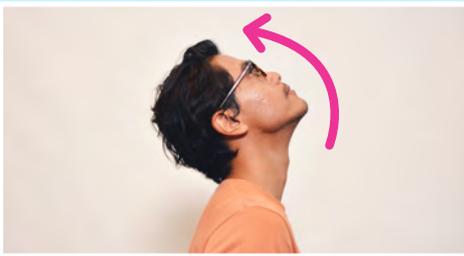
1. Raise your **eyebrows** as high as you can



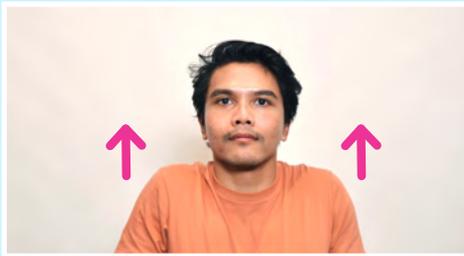
2. Squeeze your **eyelids** tightly



3. Open your **mouth** as wide as you can, as you might when you are yawning



4. Gently pull your **head** back to look at the ceiling



5. Bring your **shoulders** up towards your ears and tighten shoulder muscles



6. Clench your **fists**



7. Raise your **elbows** and flex your arm muscles



8. Tuck in your **stomach**



9. Tighten your **thighs**



10. Tighten your **buttocks** by squeezing them together



11. Pull your **toes** towards you and feel the tension in your calves



12. Curl your **toes** downwards

Continue to take deep breaths until you feel completely relaxed

How can I **fast safely** (for religious reasons)?

Before fasting



Consult your doctor if it is safe for you to fast



Adjust your diet with your healthcare professional



Adjust your medication or insulin dose with your doctor

During fasting



Self-monitor blood sugar levels regularly and check for symptoms of hypoglycaemia (low blood sugar)



If your blood sugar level is low (< 4 mmol/L), **stop your fast** and take a sweetened drink



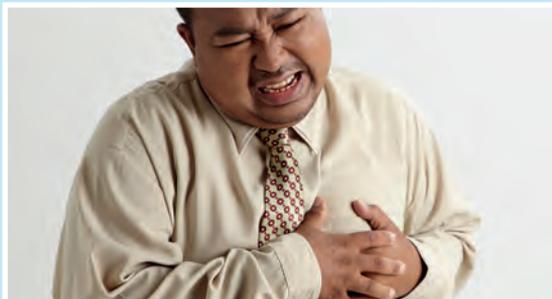
If symptoms of low or high blood sugar persist, stop your fast and **seek medical attention**

When should I not fast?

When you are or have any of the following



Frequent hypoglycaemia (low blood sugar) or **poorly controlled diabetes**



Serious conditions such as nerve disorders, heart problems or uncontrolled hypertension



Pregnant or breastfeeding



Sick



Not been following your prescribed medication, diet and physical activities

What to do **when I am sick***?

**Feeling unwell, e.g. fever, cough, runny nose, vomiting and diarrhoea*



See your **doctor**



Get plenty of **rest**



Continue to take **medication or insulin** as prescribed



Check your blood sugar level more often

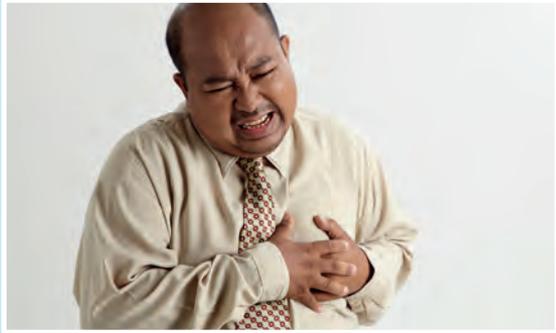


Drink plenty of water



Have **small, frequent meals** or fluids (e.g. soups, diluted juices or sweetened drinks)

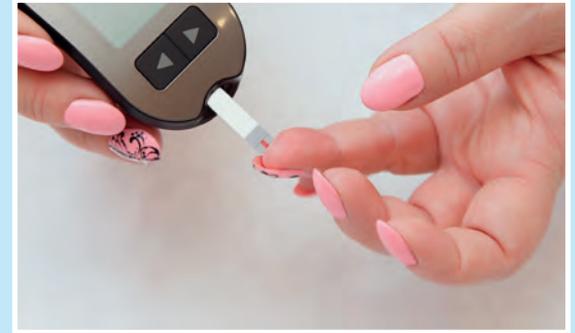
When do I have to see my doctor?



Chest pains, shortness of breath, fruity breath, dry lips or tongue



Severe **vomiting or diarrhoea** for more than 6 hours



Blood sugar levels that are **low** (< 4 mmol/L) or **high** (> 15 mmol/L) for more than 24 hours



Loss of appetite



Skin sores

How can I **prepare for travel?**



See your doctor for a **vaccination, if possible**



Check with your care team on **medication and insulin dosage**



Bring a **medical letter** or **diabetes card** regarding your diagnosis and medication



Get **insurance** coverage



Put necessary **medication or insulin** items in your carry-on bag

How can I manage my diabetes while abroad?



Drink plenty of **water**



Watch your **food** and **calorie intake**



Hand carry **sugar-containing sweets**



Always wear **protective shoes**



Hand carry **medication** or **insulin items**



Take **medication** as prescribed



Self-monitor your **blood sugar level** regularly



Know where to **seek help**

How can I prepare for travel?

See your doctor for a **medical check-up** and **vaccination**

Get **insurance coverage**

Get a **doctor's letter** or **diabetes card** regarding your diagnosis and medication

Pack

Medication or insulin items (e.g. insulin pens, vials, pen needles, syringe, swabs)

Glucometer with test strips, finger-pricking device and lancets

Medication for common illnesses

Sweets to prevent hypoglycaemia (low blood sugar)

Tips

- Bring at least 50% more medication and twice the number of glucometer strips you need
- Order them in advance
- When travelling, keep your medication or insulin in an insulated bag and in your carry-on bag
- When travelling with insulin, keep it cool and away from direct sunlight and heat
- Plan ahead for storage of insulin when abroad

Do I need to adjust my medication schedule and insulin dosage?

For long-haul flights or when the time zone difference is more than 2 hours, discuss with your doctor or care team regarding possible adjustments to your medication schedule and insulin dosage

Note: Maintain your medication schedule and insulin dosage for short-haul flights or when the time zone difference is 1 to 2 hours

Alcohol affects medications and liver functions, and causes **HYPOglycaemia** (low blood sugar)



Don't drink!

If drinking is unavoidable:



Do not skip meals



Limit to **1 standard drink per day**, choose light beer or wine spritzer



Choose **low-calorie light beer** or **dilute mixers with water**



Your **blood sugar** level is **under control**



You **do not have low blood sugar** (< 4 mmol/L) or experience low blood sugar symptoms

Alcohol affects medications and liver function, causing HYPOglycaemia (low blood sugar)

Don't drink!

If drinking is unavoidable:



Do not skip meals



Limit to 1 standard drink per day, choose light beer or wine spritzer



Choose low-calorie light beer or dilute mixers with water



Your **blood sugar** level is **under control**



You **do not have low blood sugar** (< 4 mmol/L) or experience low blood sugar symptoms

What is 1 standard drink?



330 ml light beer



100 ml wine



30 ml spirit or liqueur
(e.g. brandy, vodka, whiskey)

Where to go for further help

National Addictions Management Service (NAMS)
6732 6837
<https://www.nams.sg/>

HPB QuitLine
1800 438 2000
<http://www.healthhub.sg/programmes/88/1Quit>

Smoking increases risk of diabetes and its complications, and insulin resistance



Quit smoking!

Managing common withdrawal symptoms



Warn family and friends of potential irritability



Distract yourself by doing something else



Do light exercises like brisk walking to lift your mood



Take **small, regular meals**



Do **stretching exercises**



Join the **I Quit 28-Day Countdown**

Smoking increases risk of diabetes and its complications, and insulin resistance

Quit smoking!

Managing common withdrawal symptoms



Warn family and friends of potential irritability



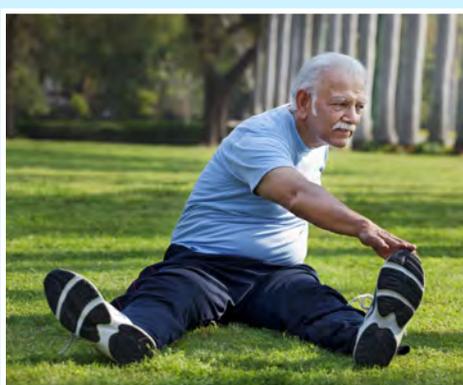
Distract yourself by doing something else



Do light exercises like brisk walking to lift your mood



Take **small, regular meals**



Do **stretching exercises**



Join the **I Quit 28-Day Countdown**

Where to go for further help

HPB QuitLine

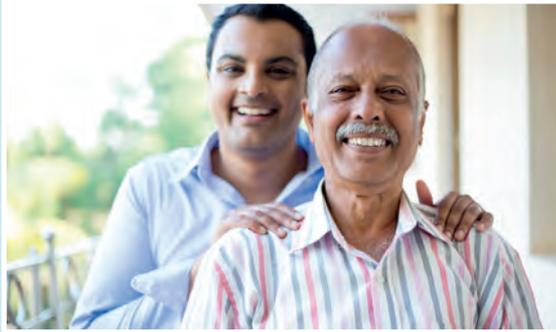
1800 438 2000

<http://www.healthhub.sg/programmes/88/IQuit>

A photograph of a young man and an older man sitting together outdoors. The young man, on the left, is wearing a light blue shirt and has his hands on the shoulders of the older man. The older man, on the right, is wearing a striped shirt and has a mustache. Both are smiling warmly. The background is a bright, slightly blurred outdoor setting with greenery. The word "Goals" is written in a large, bold, black font across the center of the image.

Goals

Consider different areas of your life and which of these are **important to you**



Relationships



Health and physical well-being



Work and career



Personal and spiritual growth



Recreation and leisure



Consider different areas of your life and which of these are **important to you**

Identify the areas of life that are important to you

- What are some lifestyle changes you are thinking of making or have made?
- How might/ did these changes contribute to important areas of your life?

Setting my goal

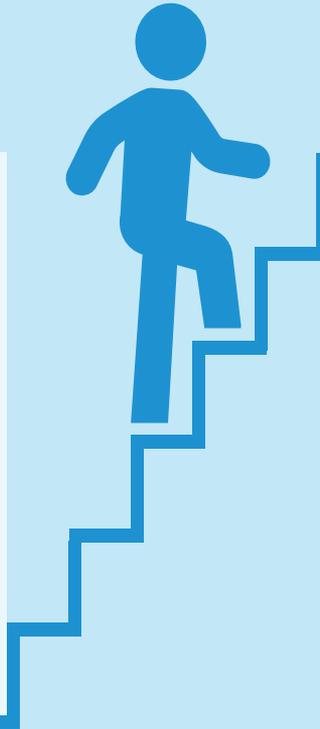
Example of healthy eating goal

Step 1:

Where do you want to be?

Where I am now:

"I love having fried chicken everyday!"



Where I want to be:

Manage my weight better
Eat more veggies and less fried food

This goal is important to me because:

*I want to be healthier
and look better*

Setting my goal

Step 2: Set your goal

I will ...
Action Stick to My Healthy Plate
Day/Time Lunchtime on Mondays and Thursdays
Location At work
Time period For the next 3 months
Start date From 14 January



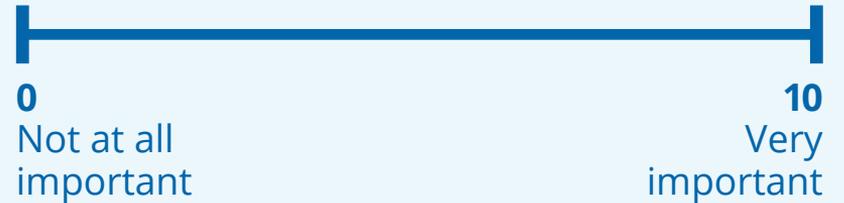
Step 3: Identify and work around potential barriers

What might get in the way	What I can do	Person(s) who can help
1. Colleagues suggest having fast food for lunch	Suggest to try out eateries with healthier options	My colleague James likes vegetables
2. I have a particular craving for curry puffs when I'm stressed	Unwind in other enjoyable ways, like walking or listening to music	Walk and chat with my neighbour in the evening
3. There is a stall that sells delicious fried food, on my way home	Take an alternative path home	NIL

Setting my goal

- Complete the “Setting my goal” handout to set a new goal
- Use the two rulers to check that the goal is doable
 - If scores are less than 7, adjust the goal

Is reaching this goal important to you?



Do you think you can reach this goal?



Setting my goal

Step 1:
Where do you want to be?

Where I am now:



Where I want to be:

**This goal is important
to me because ...**

Setting my goal

Step 2: Set your goal

I will ...		
Action	Day/Time	Location
	Time period	Start date

Step 3: Identify and work around potential barriers

What might get in the way	What I can do	Person(s) who can help

Keeping up with my goal

Example of physical activity goal

Step 1: Write down the original goal

I will ...
Action Brisk walk for 30 minutes
Day/Time Mondays, Wednesdays and Fridays after dinner at 8pm
Location Along the park connector
Time period For the next 4 weeks
Start date From 18 June

Step 2: Solve the problem

	What got in the way?	How can I work around it?
1	I couldn't get off work on time	Do lunchtime exercises or pick a day without 5pm meetings
2	Poor weather	Do indoor exercises
3	Low energy level	I can sleep earlier the night before or pick a weekend day to exercise earlier

Step 3: Revise your goal

I will ...
Action Do lunchtime exercises and brisk walk
Day/Time <ul style="list-style-type: none">Lunchtime exercise on MondaysBrisk walk on Wednesdays and Saturdays
Location Office gym, park connector
Time period Another 4 weeks
Start date From 18 July

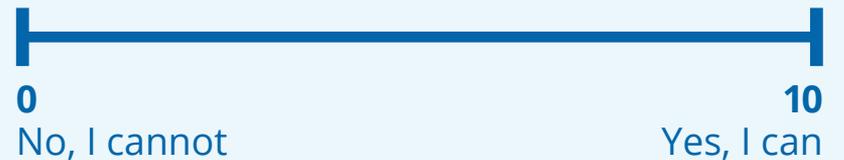
Keeping up with my goal

- Complete the “Keeping up with my goal” handout if there were barriers to accomplishing the goal
- Use the two rulers to check that the goal is doable
 - If scores are less than 7, adjust the goal

Is reaching this goal important to you?



Do you think you can reach this goal?



Keeping up with my goal

Step 1: Write down the original goal

I will ...
Action
Day/Time
Location
Time period
Start date

Step 2: Solve the problem

What got in the way?	How can I work around it?

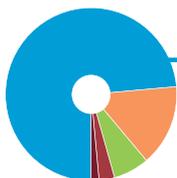
Step 3: Revise your goal

I will ...
Action
Day/Time
Location
Time period
Start date

A middle-aged man with grey hair and a goatee, wearing a white button-down shirt and dark trousers, stands in a modern office hallway. He is holding a white tablet computer in both hands and looking directly at the camera with a slight smile. A black bag strap is visible over his right shoulder. The background shows a brightly lit hallway with glass railings and a blurred office environment.

Finance

How your outpatient bill may be covered



Government subsidies

Offset your bill with government subsidies first

E.g. Government subsidies at public specialist outpatient clinics and polyclinics, Community Health Assist Scheme (CHAS), Pioneer Generation (PG) and Merdeka Generation (MG) outpatient subsidies



Then, if available, **further reduce your bill by tapping on employee benefits or private medical insurance**



You can then **use your Medisave** through the **Chronic Disease Management Programme (CDMP)** to reduce out-of-pocket payment



After deduction from the sources above, you may still need to **cover the remaining bill with out-of-pocket payment**

Government subsidies at subsidised specialist outpatient clinics (SOCs) and polyclinics

Households with income				
Household Monthly Income Per Person	Subsidy at subsidised SOCs [^]		Subsidy at polyclinics	 Additional PG / MG subsidy
	Subsidised services	Subsidised medications	Subsidised medications for adults*	
\$1,200 and below	70%	75%	75%	PG: Additional 50% off the remaining bill MG: Additional 25% off the remaining bill
\$1,201 to \$2,000	60%			
Above \$2,000/ Unassessed	50%	50%	50%	

Households with no income				
Annual Value [#] (AV) of Home	Subsidy at subsidised SOCs [^]		Subsidy at polyclinics	 Additional PG / MG subsidy
	Subsidised services	Subsidised medications	Subsidised medications for adults*	
\$13,000 and below	70%	75%	75%	PG: Additional 50% off the remaining bill MG: Additional 25% off the remaining bill
\$13,001 to \$21,000	60%			
Above \$21,000/ Unassessed	50%	50%	50%	

Government subsidies at subsidised specialist outpatient clinics (SOCs) and polyclinics

^To receive subsidies for Public SOC visits, you will first need to be assessed and referred by a CHAS clinic or polyclinic. The doctor will refer you to a Public SOC as a subsidised patient where eligible.

*Children (18 years or younger) and elderly (65 or older) already receive 75% subsidy for subsidised medications at the polyclinics

#The AV of your home is the estimated annual rent if it is rented

Government subsidies at CHAS GPs

From 1 November 2019

					
PCHI (Per Capita Household Income)	Above \$2,000	\$1,201 to \$2,000	\$1,200 and below	All Merdeka Generation seniors receive CHAS benefits, regardless of income or AV of home	All Pioneers receive CHAS benefits, regardless of income or AV of home
AV (Annual Value) of Home (For households with no income)	Above \$21,000	\$13,001 - \$21,000	\$13,000 and below		
Acute (common illnesses)	-	Up to \$10 per visit	Up to \$18.50 per visit	Up to \$23.50 per visit	Up to \$28.50 per visit
Simple Chronic	Up to \$28 per visit, capped at \$112 per year	Up to \$50 per visit, capped at \$200 per year	Up to \$80 per visit, capped at \$320 per year	Up to \$85 per visit, capped at \$340 per year	Up to \$90 per visit, capped at \$360 per year
Complex Chronic	Up to \$40 per visit, capped at \$160 per year	Up to \$80 per visit, capped at \$320 per year	Up to \$125 per visit, capped at \$500 per year	Up to \$130 per visit, capped at \$520 per year	Up to \$135 per visit, capped at \$540 per year
Dental	-	\$50 to \$170.50 subsidy per procedure (denture, crown, root canal treatment only)	\$11 to \$256.50 subsidy per procedure (dependent on procedure)	\$16 to \$261.50 subsidy per procedure (dependent on procedure)	\$21 to \$266.50 subsidy per procedure (dependent on procedure)
Recommended Health Screening under Screen for Life (SFL)	A fixed fee of \$5 with SFL Invitation letter, for recommended screening test(s) and first post-screening consultation, if required	A fixed fee of \$2 with SFL Invitation letter, for recommended screening test(s) and first post-screening consultation, if required		A fixed fee of \$2 with SFL Invitation letter, for recommended screening test(s) and first post-screening consultation, if required	Free with SFL Invitation letter, for recommended screening test(s) and first post-screening consultation, if required



Government subsidies at CHAS GPs

Pioneer Generation eligibility

- Born on or before 31 December 1949
- Received citizenship by 31 December 1986

Merdeka Generation eligibility

- Born from 1 Jan 1950 to 31 Dec 1959; and
- Received citizenship on or before 31 Dec 1996

OR

- Born on or before 31 Dec 1949; and
- Received citizenship on or before 31 Dec 1996; and
- Did not receive Pioneer Generation Package

Type of visit

Acute (common illnesses)

- Capped at 24 visits for common illnesses per patient per calendar year, across all CHAS clinics, from 2020 onwards

Simple

- “Simple” refers to visits for a single chronic condition

Complex

- “Complex” refers to visits for multiple chronic conditions, or a single chronic condition with complication(s)

Refer to MediSave pages for the list of chronic conditions under the Chronic Disease Management Programme (CDMP) for CHAS Chronic conditions

Screen for Life

- Recommended health screening refers to screening for diabetes, high blood pressure, high blood cholesterol, colorectal cancer and cervical cancer

Government subsidies

at subsidised specialist outpatient clinics (SOCs) and polyclinics

Households with income				
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[^]To receive subsidies for Public SOC visits, you will first need to be assessed and referred by a CHAS clinic or polyclinic. The doctor will refer you to a Public SOC as a subsidised patient where eligible

* Children (18 years or younger) and elderly (65 or older) already receive 75% subsidy for subsidised medications at the polyclinics

[#]The AV of your home is the estimated annual rent if it is rented out. It is assessed by IRAS.

Government subsidies at CHAS GPs

From
1 November
2019

					
PCHI (Per Capita Household Income)	Above \$2,000	\$1,201 to \$2,000	\$1,200 and below	All Merdeka Generation seniors receive CHAS benefits, regardless of income or AV of home	All Pioneers receive CHAS benefits, regardless of income or AV of home
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- Born on or before 31 December 1949
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- Born from 1 Jan 1950 to 31 Dec 1959; and
- Received citizenship by 31 December 1986 OR
- Born on or before 31 Dec 1949; and
- Received citizenship on or before 31 Dec 1996; and
- Did not receive Pioneer Generation Package

MediSave for outpatient bills



Chronic Disease Management Programme (CDMP)

- Specific chronic diseases
- Requires 15% co-payment
- Part of MediSave500, i.e. up to \$500 per year
 - Patients can tap on accounts of immediate family members (i.e. spouse, parents and children)
 - Patients who are SC/PR can tap on grandchildren's and sibling's MediSave



Flexi-MediSave

- For patients ≥ 60 years old
- Can be used for the 15% co-payment under CDMP
- Up to \$200 per patient per year
 - Patient's own and spouse's account may be used, provided spouse is also ≥ 60 years old

MediSave for outpatient bills

MediSave

- National medical savings scheme
- Can help to pay for personal or immediate family members' hospitalisation, day surgery, and certain outpatient expenses

MediSave500

- Scheme for outpatient care

Flexi-MediSave

- Can be used at Specialist Outpatient Clinics (SOC) in public hospitals and national specialty centres, polyclinics, and participating Community Health Assist Scheme (CHAS) Medical GP clinics

Chronic Disease Management Programme (CDMP)

20 conditions for outpatient treatment

- Diabetes (including pre-diabetes)
- Hypertension
- Lipid disorders
- Stroke
- Asthma
- Chronic Obstructive Pulmonary Disease (COPD)
- Schizophrenia
- Major depression
- Bipolar disorder
- Dementia
- Osteoporosis
- Benign Prostatic Hyperplasia (BPH)
- Anxiety
- Parkinson's disease
- Chronic kidney disease (nephrosis/nephritis)
- Epilepsy
- Osteoarthritis
- Psoriasis
- Rheumatoid arthritis
- Ischaemic heart disease

Patients can tap on CDMP after

- Certification by a doctor that they have one of the listed chronic conditions
- Signing the MediSave authorisation form

MediSave for outpatient bills



Chronic Disease Management Programme (CDMP)

- CDMP is part of MediSave500, a scheme for outpatient care
- Requires 15% co-payment
- You can withdraw up to \$500 per year¹ for specific chronic diseases:
 - Diabetes (including pre-diabetes)
 - Hypertension
 - Lipid disorders
 - Stroke
 - Asthma
 - Chronic Obstructive Pulmonary Disease (COPD)
 - Schizophrenia
 - Major depression
 - Bipolar disorder
 - Dementia
 - Osteoporosis
 - Benign Prostatic Hyperplasia (BPH)
 - Anxiety
 - Parkinson's disease
 - Chronic kidney disease (Nephrosis/nephritis)
 - Epilepsy
 - Osteoarthritis
 - Psoriasis
 - Rheumatoid arthritis
 - Ischaemic heart disease

Flexi-MediSave

- For patients ≥ 60 years old
- Can be used for the 15% co-payment under CDMP
- Up to \$200 per patient per year²
- Can be used at Specialist Outpatient Clinics (SOC) in public hospitals and national specialty centres, polyclinics, and participating Community Health Assist Scheme (CHAS) Medical GP clinics

To start using MediSave for the Chronic Disease Management Programme (CDMP)

- Visit a clinic/ doctor who is registered with MediSave for CDMP to:
 - Be certified by a doctor that you have one of the listed chronic conditions
 - Sign the MediSave authorisation form
- If you are using multiple accounts, your family members' consent will have to be provided

¹Patients can tap on accounts of immediately family members (i.e. spouse, parents and children); Patients who are SC/PR can tap on grandchildren's and sibling's MediSave

²Patient's own and spouse's account may be used, provided spouse is also ≥ 60 years old

A close-up photograph of two hands shaking in a firm grip, symbolizing agreement or partnership. The hands are positioned in the center of the frame, with the fingers interlaced. The background is a soft, out-of-focus light blue. The word "Acknowledgements" is overlaid in a bold, black, sans-serif font across the middle of the image.

Acknowledgements

Acknowledgements

Patient Empowerment for Self-care Working Group

Chairperson

Dr Eric Khoo (NUH)

Advisors

Assoc Prof Sum Chee Fang (AdMC/KTPH)

Prof Tai E Shyong (NUHS)

Members

Dr Anthony Chao (Boon Lay Clinic & Surgery)

Mr Arumugam Ardhanari (Patient)

Ms Chee Ching Yee (SHP)

Ms Christine Chern (NHGP)

Ms Fidlya Binte Kamsani (Caregiver)

Dr Kalpana Bhaskaran (DS)

Dr Agnes Koong Ying Leng (SHP)

Ms Julia Lee (TOUCH Diabetes)

Ms Lim Poh Choo Patsy (SHP)

Dr Low Kang Yih (NHGP)

Ms Ng Soh Mui (NUP)

Dr Jonathan Pang (Frontier PCN)

Ms Christina Tan (Patient)

Dr David Tan Hsien Yung (NUP)

Ms Brenda Tan Yue Lin (HPB)

Mr SB Viknesan (NAMS/IMH)

Dr Wong Mei Yin (NHGP)

Mr Yong Ming Fung (AIC)

Community Support Advisor

Ms Julie Seow (formerly Life Coach at TOUCH Diabetes)

Acknowledgements

Professional Groups

Association of Diabetes Educators Singapore (ADES)	Ms Lim Pei Kwee (KKH)
College of Family Physicians (CFPS)	Dr Ng Lee Beng (SGH)
Pharmaceutical Society of Singapore (PSS)	Ms Irene Quay Siew Ching (KKH) Ms Debra Chan (TTSH) Ms Lim Kae Shin (KKH) Ms Lim Shu Fang (TTSH)
Podiatry Association Singapore (PAS)	Ms Heng Li Wen Marabelle (SGH)
Singapore Nutrition and Dietetics Association (SNDA)	Ms Ong Li Jiuen (CGH) Mr Chad Han (NUH) Ms Izabela Kerne (Advanced Laparoscopic Surgery) Ms Koh Pei Ling (AdMC/ KTPH) Ms Loh Win Nie (CGH)
Singapore Physiotherapy Association (SPA)	Mr Muhammad Jazimin Bin Haron (KTPH) Ms Junisha Binte Jumala (CGH) Dr Cindy Ng Li Whye (SGH) Ms Soh Seok Chin Cindy (NHGP) Ms Virginia Tai (SHF)
Sport Singapore, Ministry of Culture, Community and Youth (MCCY)	Mr Kenneth McGeough (Sport Singapore) Mr Aw Boon Wei (Sport Singapore)

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