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Living Well With Type 2 Diabetes

Your guide to living well after a new diagnosis of type 2 diabetes

Contents

This guide supports but does not replace individual clinical advice for the person with diabetes or other clinical conditions from your healthcare team.

If you feel unwell today

- Use NHS 111 Wales for urgent advice and signposting.
- Call 999 for chest pain, stroke symptoms, severe breathlessness, collapse, or if you feel seriously unwell.
- If English is not your first language, NHS 111 Wales can connect you to a confidential interpreter in over 120 languages.

Your Golden Opportunity: A Message from Dr. Sarah Davies

Finding out that you have type 2 diabetes can feel scary and overwhelming. There is often a lot of new information to take in, along with appointments and tests to attend. However, this diagnosis can also be an opportunity to focus on your health and wellbeing.

Your GP practice team is here to support you and guide you through each step. Learning how to manage your diabetes is important and can make a real difference to you future health. This includes making changes to your diet, increasing your physical activity in ways that suit you, and attending regular health checks such as kidney, foot and eye checks.

Although being diagnosed with type 2 diabetes can feel daunting, many people go on to live full, active lives. With the right support and small, manageable changes over time, you can take control of your diabetes and your health.

Introduction

Being told you have type 2 diabetes can bring up many different feelings. Some people feel shocked, worried, angry or guilty. Others feel relieved to finally understand what has been happening with their health. All of these reactions are normal.

Many people feel physically well when they are diagnosed. Type 2 diabetes is often found during routine tests.

Type 2 diabetes is a condition where the body cannot use glucose properly. This happens either because the body is unable to produce enough insulin (a hormone, made by the body), or because the insulin that the body does produce does not work properly.

Insulin moves the glucose out of the blood stream and into the cells in our body. Once inside the cells, the body uses the glucose for energy. When you have diabetes, the glucose stays in the blood, and becomes higher than the healthy blood glucose range.

Many reasons lead to this, including genetics, age, ethnicity, weight, sleep, stress, hormones, and having other health conditions can increase the risk for developing Type 2 diabetes.

The good news is that there are many ways to manage type 2 diabetes and protect your long-term health. This guide is here to help you understand your options and support you to make changes that work for you.

This guide is designed to help you manage your blood glucose and protect your long-term health. Over time, the goal is to:

- Keep your blood glucose levels in a healthy range
- Reduce your risk of complications
- Help you feel well and confident that you know how to manage your diabetes

Start with this

You may find it helpful to begin with these sections:

- Start here: What to do
- Understanding what matters to you - to help turn your care into a personal plan
- Understanding your checks and results - to keep track of your key checks

Benefits you may notice as things improve

As blood glucose levels improve, some people notice:

- more energy
- less thirst
- fewer toilet trips
- better sleep
- clearer thinking
- more confidence with food and routines

Developed with people living with type 2 diabetes

This guide has been developed with people living with type 2 diabetes and with healthcare professionals across Wales. This is to make sure it meets the needs of people newly diagnosed with type 2 diabetes. This document is also available in Welsh.

What usually happens next

Care after diagnosis can feel unclear. The timeline below shows what usually happens.

1 First 48 hours

You may be contacted by your GP practice or asked to arrange baseline checks. If treatment is needed straight away, you may start a medicine such as metformin.

You should also be offered access to a diabetes support programme.

2 Weeks 1-4

This is usually the ‘getting organised’ phase. You get initial results back, sort prescriptions, agree next steps, start one or two realistic changes, and make sure your missing checks are booked.

3 Around 3-6 months

HbA1c is often reviewed again around this point because it reflects the previous 2 to 3 months of blood glucose levels.

Your healthcare team may continue, adjust or step up treatment depending on how things are going for you.

4 After that

Once things are steadier, reviews usually become more routine. Even when you feel well, the regular checks still matter because they help prevent problems from being missed.

Start here: What to do

If you do nothing else this week, focus on these five things:

Book or confirm your checks

Most people newly diagnosed with Type 2 diabetes will have already discussed the follow up plans with their usual healthcare team when diagnosed.

If you do not have a follow up plan, please ask your GP practice: “Can I book my diabetes review and baseline checks?”

These checks should include: HbA1c, blood pressure, cholesterol, kidney blood test, urine test, weight/BMI, smoking status and eye screening referral.

These checks will be part of your annual review appointment. The checks are carried out yearly and your practice will invite you when they are due or you can make appointments directly with the practice.

Understand any medication you've been given

If you are unsure about any of your medication prescribed, ask one person - your GP, practice nurse, pharmacist or diabetes nurse:

- What is this medicine for?
- When do I take it?
- Should it be taken with food?
- What side effects are common?
- Can it cause low blood glucose?
- What should I do if I miss a dose?

Choose one small food change

Pick one easy change to start with. For example:

- swapping sugary drinks for water or diet drinks
- choosing a slightly smaller portion of starchy carbohydrate at one meal
- adding more vegetables to meals

Choose one small movement change

Start smaller than you think you need to. A 10-minute walk on 3-5 days this week is a strong start.

If you count your steps taken, even walking an extra 500 steps a day can make a real difference.

Even standing up and moving for 2 minutes each hour helps.

Access diabetes education and support

There are a range of support programmes to help you live well with Type 2 Diabetes. They cover topics such as how food affects blood glucose levels, different dietary approaches, food labelling, monitoring and medications and more.

Support programmes are available in-person and digitally to suit you.

Getting support early with Type 2 Diabetes will get you off to the best start.

Ask your health care professional about which support programmes are available in your area and how to book on.

When you are ready to find out more

Diabetes UK and NHS Wales provide a vast range of support including online peer support, education and information.

Diabetes UK: Newly Diagnosed with Type 2 Diabetes

Get free first-year email support, practical advice on understanding and managing type 2 diabetes, and access to further Diabetes UK resources and helpline support for you and those around you.

www.diabetes.org.uk/about-diabetes/type-2-diabetes/newly-diagnosed

NHS Wales: Living with Type 2 Diabetes Resources

Access NHS Wales resources to help you self-manage type 2 diabetes, including the Living with Type 2 Diabetes hub, the MyDESMOND online education programme, and Wales-wide information on prevention, treatment, and support.

performanceandimprovement.nhs.wales/diabetes

Common questions people ask after being diagnosed

Why has this happened?

There is rarely one single cause. Type 2 diabetes develops because of a mix of factors meaning your body is not making enough insulin or the insulin your body makes is not working properly, which is called insulin resistance. Many factors can contribute, including genetics, age, ethnicity, weight regulation, stress, sleep, hormones, other health conditions, and some medicines. What matters now is what support helps you move forward safely.

Will I need insulin?

Insulin is sometimes used to treat type 2 diabetes to keep blood glucose levels in a healthy range. Some people need insulin later in life with diabetes, and some need it temporarily when blood glucose levels are very high. If insulin is needed, you will be shown how to use it safely.

Are there foods I need to avoid?

Most people do best with a realistic plan they can keep doing. This should include limiting sugary drinks and foods. Lots of dietary advice including how food and drink affect blood glucose levels is covered through the Diabetes support programmes. Your health care provider can let you know about what is available in your area.

You may know other people who have lived with diabetes who have not attended support programmes yet. It is never too late to access this support.

Do I need to stop eating carbohydrate?

No. Most people do better by reducing portion sizes of starchy carbohydrate, choosing higher-fibre options more often, and avoiding sugary drinks. You will be supported to make healthy changes that suit you through the Diabetes support programmes.

Do I need to check my own blood glucose levels?

Not everyone does. Many people with type 2 diabetes do not need routine finger-prick blood glucose checks unless there is a specific reason - for example insulin use, medicines that can cause low blood glucose, pregnancy, safety-critical work, or short-term monitoring to check how blood glucose levels have changed.

Will diabetes affect my eyes or feet?

These are common worries. Problems are much less likely when you keep up with your checks and your treatment plan is reviewed when needed. Eye screening and foot checks matter because changes can start before you notice symptoms.

What about work or driving?

If you take medicines that can cause low blood glucose, you may need specific advice for driving or safety-critical work.

What about pregnancy?

There are special services for diabetes in pregnancy, and you will be seen more frequently. It is really important to tell your healthcare team as soon as possible before you get pregnant. This is because there are medications you will need to take such as high dose Folic Acid. Care will be taken to ensure all your current medications can be taken safely during pregnancy planning and whilst you are pregnant.

What if I’m ill?

Illness can push blood glucose levels up. If you cannot keep fluids down, get advice the same day. Some medicines need special advice during illness, especially if you are vomiting, have diarrhoea, or are dehydrated. If you are unsure, ask your pharmacist, GP practice, or NHS 111 Wales.

Remission

You might hear the word remission - and it helps to know what it means.

> Remission means your blood glucose levels go back into a safer range and stay there for at least 3 months, without diabetes medicines that lower blood glucose.

Important things to know about remission

- Remission does not happen for everyone.
- Remission is not the same as a cure. Ongoing checks still matter.
- Even if remission is not your goal, you can still make meaningful improvements to your health.

Speak to your healthcare provider to find out if there are specialist weight management services in your area to support you with losing weight for remission.

Understanding what matters to you

Different people want different things from diabetes care. All of these are valid goals:

- more energy
- feeling less overwhelmed
- avoiding extra medication if safely possible
- confidence with food choices
- protecting your heart, kidneys, eyes and feet
- weight loss if that is a goal that matters to you
- remission if that is a goal you want
- building healthy routines that fit around family, work or shift patterns

When it comes to choosing your goals, a useful question to ask yourself is:

> “If things felt better in 12 weeks, what would I notice?”

Make your first goal small enough to succeed

- Choose one goal.
- Make it specific: what, when, where, how often.
- If your confidence is below 7 out of 10, the goal is probably too big. Tweak your goal until it feels doable.

Examples:

- “I will swap sugary drinks for water or sugar-free drinks .”
- “I will walk for 10 minutes after lunch on Monday, Wednesday and Friday.”
- “I will have a slightly smaller portion of rice, chips or pasta at my evening meal and add extra vegetables.”

Understanding your checks and results

Getting your diabetes health checks is very important to understand your progress, adapt your goals and prevent any complications of diabetes. You should be offered these checks at least once a year. You may hear these described as the annual review, or essential health checks.

Check	What it tells you	When it is reviewed
HbA1c	Your average blood glucose levels over the last 2-3 months.	Often every 3 to 6 months until stable, then less often. But at least yearly.
Blood pressure	Part of protecting your heart, brain, kidneys and eyes.	At diagnosis and at least yearly.
Cholesterol	Helps judge heart and stroke risk.	
Kidney blood test (eGFR)	Shows how well your kidneys are working.	
Urine ACR	A urine check for tiny amounts of protein, which can show early kidney damage.	
Foot check	Checks circulation, sensation and skin problems before they become serious.	
Weight / BMI	Helps guide support and treatment choices.	
Smoking status	Helps tailor risk-reduction support if needed.	At diagnosis and at least yearly.
Eye screening	Looks for diabetes-related changes at the back of the eye before symptoms appear.	Usually yearly. Some low-risk people are invited every 2 years.

What matters most about HbA1c

HbA1c changes slowly. One result is not a judgement - it is a piece of information that helps you and your healthcare team plan what to do next.

Kidney checks

You will have two different kidney checks:

- eGFR - a blood result showing how well your kidneys are filtering waste.
- Urine ACR - a urine check looking for small amounts of protein that can show early kidney damage.

Eye screening

Eye screening is different from a routine sight test at the optician. It checks for changes before you notice symptoms. Some people at low risk are invited every 2 years instead of every year.

If you miss a check

Rebook it. These checks are one of the main ways diabetes care prevents complications over time.

If you are under 40

If you're diagnosed with type 2 diabetes at a younger age, you will be living with it for longer. That means the routine checks and getting support discussed in this pack matter even more, even if you feel well.

The good news is that small changes now can pay off for years. Make sure you:

- keep your annual checks and don't wait for symptoms
- take up a diabetes support programme early (it helps you build routines that stick)
- ask about weight management and activity support talk to your healthcare team early if you're planning a pregnancy (targets and medication choices can change)
- ask for help if stress, sleep, shift work or mental health are making habits hard
- find peer support from resources such as Diabetes UK; you are not alone.

Medicines you may hear about

Not everyone starts medicine straight away. Some people do. Either way is normal. What matters is that you understand why you're taking something, what to expect, and when to ask for help.

Your healthcare team will discuss medications and make a joint plan with you based on your HbA1c, any other health conditions, your preferences, and what matters to you.

Your medicines may be different to someone else's because your healthcare team chooses them based on your own results, other health conditions, and what matters to you. Below are the medicines you're most likely to hear about. You might use one, or a combination. It is common for treatment to be adjusted over time.

Medicine	What it does	Things to know
Metformin	Helps your body use insulin better and reduces glucose released by the liver.	Take with food. Stomach upset is common at first and often settles.
SGLT2 inhibitor (e.g. empagliflozin, dapagliflozin)	Helps the kidneys remove some glucose in urine. For some people it also supports heart and kidney protection.	You may pass urine more often and may be more prone to thrush or genital infections.
GLP-1 receptor agonist (semaglutide, dulaglutide, liraglutide) or tirzepatide	Injection treatments that can lower blood glucose and may help with weight loss for some people. Some of these medications are also used to protect your heart if you have a history of cardiovascular disease	Nausea or bowel changes are common when starting.
Sulfonylurea or insulin	Lowers blood glucose more quickly when needed.	These are more likely to cause low blood glucose (hypos). If you use them, ask for clear advice about symptoms, treatment, driving and what to carry with you.

Others medicines include DPP-4 inhibitors and pioglitazone which are used when they suit your situation.

Questions to ask before you leave with a prescription

- What is this medicine for?
- When should I take it, and should it be with food?
- What side effects are common?
- Can it cause low blood glucose?
- What should I do if I miss a dose?
- Do I need a clear 'when you are unwell' medicine plan?

If side effects are bothering you

Do not stop medication without getting advice. Speak to your pharmacist or healthcare team immediately. If something is not tolerable, there are often options you can explore such as dose changes, timing, and alternative medications.

A note on driving

Most people do not need to inform the DVLA if their type 2 diabetes is managed through diet and exercise alone or medications that do not cause low blood glucose (hypos). You must inform the DVLA if you use insulin. You may also need to inform them if you take medicines that can cause low blood glucose and have severe hypoglycaemia.

If you are unsure whether you need to report your diabetes, check with your healthcare team or the DVLA, as failing to inform them when required could invalidate your insurance and may be against the law.

For more information, visit the DVLA website www.gov.uk/government/organisations/driver-and-vehicle-licensing-agency

NOTE: If you can't keep fluids down, or are unwell and becoming dehydrated, get advice the same day as the treatments below may need to be temporarily stopped or changed.

Food, weight and everyday routines

You may hear many different opinions about the “best diet” after a diabetes diagnosis. People often think they need a perfect diet after a diabetes diagnosis, but what helps most is a way of eating that:

- supports steadier blood glucose
- fits your life and culture
- is affordable
- is realistic long-term
- protects your health and wellbeing

This section is designed to help you start without feeling overwhelmed but it does not replace personalised dietary advice and the level of advice you will receive at the support programmes. Discuss what will work best for you with your healthcare team.

Attending a diabetes support programme will help you to understand the relationship between food and diabetes.

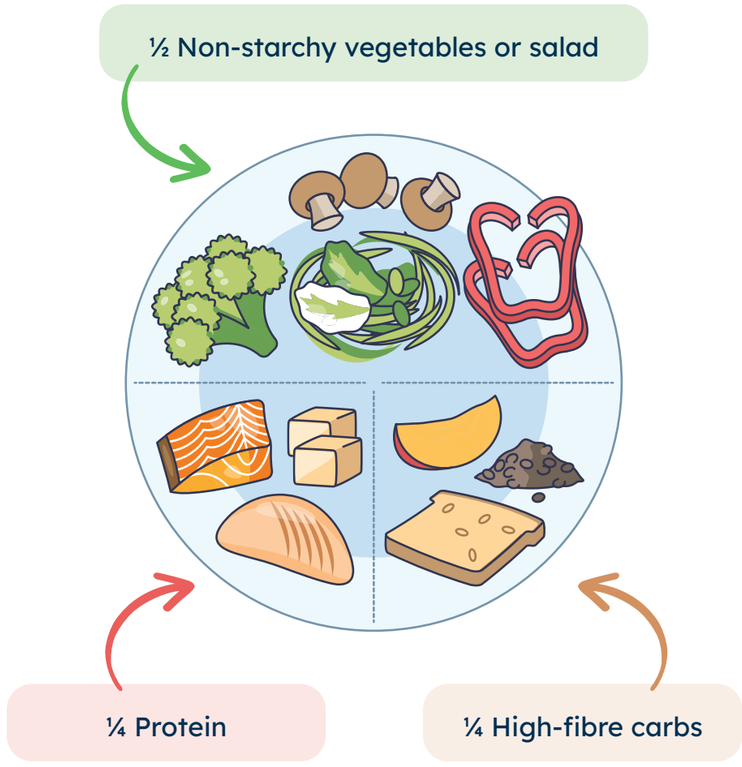
Use the plate method as a starting point

You do not have to stop eating the foods that matter to you or your family but changing the amount or how often you have high sugar foods will improve your blood glucose levels.

Small changes are a great way to start, a slightly smaller starch portion, extra vegetables or pulses, fewer sugary drinks, or less added oil when possible.

For many people, this is a good layout for meals:

- **Half the plate:** vegetables or salad
- **Quarter of the plate:** protein such as fish, eggs, beans, lentils, tofu, yoghurt or lean meat
- **Quarter of the plate:** higher-fibre carbohydrates such as oats, wholemeal bread, brown rice, pasta, chapati, potatoes with skin, beans or lentils



If you're hungry a lot, try adding more protein and fibre (beans/lentils, eggs, yoghurt, fish, chicken, tofu, vegetables) and reducing sugary snacks and drinks.

Some easy wins

If you want the biggest impact for the least effort, start with these:

Sugary drinks

Swap sugary drinks for water, no-added-sugar squash or sugar-free drinks.

Portion sizes

Reduce the portion size of starchy carbohydrate at one meal before trying to change every meal. Add more protein and vegetables if you feel hungry a lot.

Don't skip meals

If you take medicines that can cause low blood glucose, avoid skipping meals without getting advice.

Snacking

If you snack, you don’t have to stop overnight. Start by swapping for healthier options a few times a week. snacks that include protein or fibre usually keep you fuller than sugary snacks.

Example: Day's meal plan

These are just examples, but give you a good idea of some options you can try:

BREAKFAST

Porridge with berries and yoghurt

Eggs on wholemeal toast with tomatoes or spinach

Plain yoghurt with nuts/ seeds and fruit

LUNCH

Soup with a smaller slice of wholemeal bread

Leftover dinner with extra salad/veg

Tuna/chicken/bean salad with a small carb portion

DINNER

Meat/fish/tofu, lots of veg and smaller portion of rice/potatoes/chapati

Chilli made with beans/ lentils, salad and smaller carb portion

Stir-fry with veg, protein and modest portion of noodles/rice

SNACKS

Swap crisps for nuts, cheese, yoghurt or boiled eggs

Swap biscuits for fruit with yoghurt, or a few nuts

Limit chocolate intake to a few squares

Eating out and takeaways

You can still eat out and manage diabetes. The trick is choosing one or two tactics, not trying to “be perfect”.

Pick one or two:

- smaller portions
- add veg or salad
- sauces on the side
- share chips/rice/naan/noodles
- choose water or diet drinks

Examples:

Chip shop

Smaller chips, add peas, avoid sugary drinks

Indian

Tomato-based or drier dishes, extra veg, smaller rice/naan

Chinese

Stir-fries, steamed options, sauce on the side

Pizza

Thinner base, more veg toppings, pair with salad, save leftovers

Budget-friendly eating

You do not need special foods marketed for people with diabetes. Some examples of budget-friendly options include:

- frozen vegetables
- tinned beans and lentils
- eggs
- plain yoghurt
- oats
- wholemeal bread
- tinned fish
- seasonal fruit

Weight loss and Diabetes

Even modest weight loss can improve blood glucose levels and reduce risk of diabetes related complications. For some people, larger weight loss can support remission. If that matters to you, ask your health care team about what local support is available.

Physical activity and sitting less

You do not need to become a ‘gym person’ to benefit from movement. The best type of activity is the one you can keep doing. Walking, cycling, gardening, dancing and housework all count as movement.

Moving more and sitting less is also a good strategy for reducing the risk of frailty in older adults.

Important: This guide does not replace individual advice. If you have been advised not to exercise, or have pain, dizziness, pregnancy, chest symptoms, severe breathlessness or another health condition that affects exercise, ask your healthcare team what is safe for you.

If you are not active right now, start smaller than you think you need to. The aim is to build confidence and consistency first, then build up.

A simple 4-week walking build-up

Week	Target
Week 1	Walk for 10 minutes, 3 days a week
Week 2	Walk for 10 minutes, 5 days a week
Week 3	Walk for 15 minutes, 5 days a week
Week 4	Walk for 20 minutes, 5 days a week

Sitting less

Standing up and moving for 2 minutes each hour is worth doing, especially if you sit for long periods at work or at home.

Exercise support

Ask whether you are eligible for the National Exercise Referral Scheme (NERS) if you would benefit from supported help to get more active.

Make it easier to stick with

A few practical tips that help most people:

- **Tie it to something you already do:** after breakfast, after lunch, after the school run.
- **Make it specific:** e.g. “I will walk for 10 minutes after dinner on Monday, Wednesday and Friday.”
- **Make it convenient:** shoes by the door, a route you like, a podcast you only listen to on walks.
- **Make it social if that helps:** walk with a friend, family member or neighbour.

Strength training

Strength training helps your muscles use glucose and supports mobility and balance. You do not need weights or a gym. Two short sessions a week is a strong start.

Try some of these options:

- **Sit-to-stand from a chair** (10 reps)
- **Wall press-ups** (10 reps)
- **Step-ups** on a low step (10 reps each leg)
- **Resistance band pulls** (10 reps)

You can find video guides to strength training on the NHS website:

www.nhs.uk/better-health/get-active/home-workout-videos/

Blood glucose monitoring

Many people with Type 2 diabetes do not need routine finger prick testing. Some people do, depending on the medicines they take and their safety needs.

If you are advised to check your blood glucose levels, your healthcare team should make sure you understand:

- how often to check your blood glucose levels
- what the results mean for you
- what action you may need to take if levels are higher or lower than your usual range
- how to monitor in a way that supports your wellbeing and does not increase worry or anxiety

Many people aim for blood glucose levels between 4-7 mmol/L before meals and below 8-9 mmol/L two hours after meals, although targets vary. Your healthcare team will agree a target range that suits you for pregnancy planning and during pregnancy, targets will be lower than this.

Who benefits from blood glucose monitoring

Some people may be advised to check their own blood glucose levels This may include people who:

- use insulin
- have experienced low blood glucose (hypos) or are at increased risk of hypos
- take medicines that can cause hypos and drive or carry out safety-critical work (for example operating machinery)
- are pregnant or planning a pregnancy
- have been asked by their healthcare team to monitor for a short period to understand patterns, such as when starting or changing medicines

Blood glucose levels can vary throughout the day and may be affected by food, physical activity, illness, sleep and stress. Looking at patterns over time is often more helpful than focusing on a single reading.

Education and support options

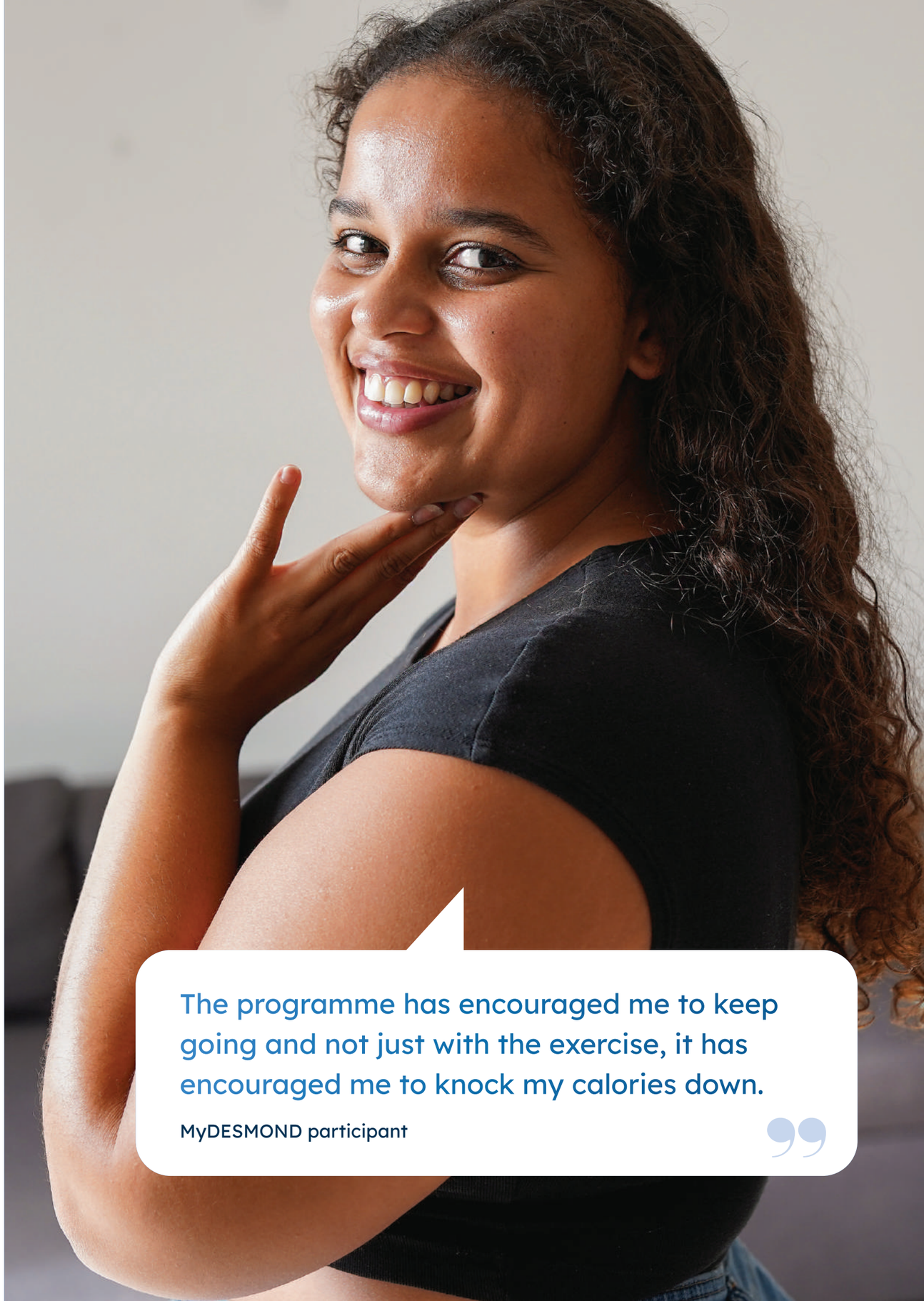
Education and support can help you understand diabetes, build confidence and make decisions that fit your life.

A support programme should be offered at diagnosis. If it is not, ask.

Resource	What it offers
MyDESMOND Wales	Free online education for adults in Wales with type 2 diabetes. www.mydesmond.wales
Local face-to-face or video call education	All areas offer programmes such as X-PERT Diabetes, Diabetes Awareness Sessions, or one-to-one alternatives.
EPP Cymru	Self-management courses, including type 2 diabetes courses in community and online settings. https://performanceandimprovement.nhs.wales/functions/quality-safety-and-improvement/improvement/our-work/epp/
Diabetes UK	Reliable information, practical tools and peer support. www.diabetes.org.uk/about-diabetes/type-2-diabetes/newly-diagnosed
PocketMedic	Short videos that explain common diabetes topics in plain language. https://pocketmedic.org/diabetes-type-2

If group sessions do not suit you, ask what alternatives are available. If you prefer digital support, ask what online options are available.

If you need interpreter support, Easy Read, large print, audio or BSL, ask for that early rather than struggling through information that does not fit you.



Staying safe day to day

This section is here to help you avoid problems and know when to get advice.

What you should do	Examples
Call 999	Chest pain, stroke symptoms, severe breathlessness, collapse, or if you feel seriously unwell
Get same-day advice	Repeated vomiting, severe diarrhoea, dehydration, severe tummy pain, deep or rapid breathing, unusual drowsiness or confusion, or repeated/ severe low blood glucose

If you are unwell

- sip fluids little and often
- if you cannot keep fluids down, get same-day advice
- if you are unsure what to do with your medicines, do not guess - ask your pharmacist, GP practice or NHS 111 Wales
- if you take medicines with special sick-day advice, ask for that plan in writing

Low blood glucose (hypos)

Low blood glucose, or hypoglycaemia (hypos) are when blood glucose levels are lower than 4mmol/L. Hypos are most likely if you use insulin or certain tablets such as sulfonylureas (e.g. Gliclazide). Symptoms can include sweating, shaking, hunger, dizziness, irritability or confusion. If you are at risk of hypos, ask for a clear personal plan for how to treat them and what to do about driving.

Feet

Look at your feet every day if you can. Watch for blisters, broken skin, redness, swelling, heat or colour change. Report new problems promptly.

Wearing well-fitting shoes and socks is also important to help prevent rubbing, pressure and injury to your feet.

Driving and work

If you take medicines that can cause low blood glucose, ask what applies to driving and safety-critical work.

Pregnancy

If you are pregnant or planning pregnancy, tell your healthcare team as early as possible.

Vaccinations

People with diabetes are eligible for routine vaccinations including flu and pneumonia. NHS advises people with diabetes should get their free NHS flu jab to reduce risk of serious illness from flu. Your GP practice can advise which vaccines are recommended for you.

Alcohol

Alcohol can affect blood glucose. If you are on medicines that can cause hypos, avoid drinking on an empty stomach. The safe alcohol limits are the same for everybody (men and women) which is less than 14units per week, spreading the units across the week with at least 2 alcohol free days per week. Ask for individual advice about safer limits and what to watch for.

Emotional wellbeing and stigma

A diagnosis of Type 2 diabetes often brings many thoughts and feelings. People may also hear different opinions about diabetes from others.

Diabetes is a health condition with many influences including genetics, environment, life experiences and health factors. It is not a judgement about a person's character.

Many people find it helpful to focus on building a plan that works for their own life, values and priorities.

Emotional responses

People can experience a range of emotions after diagnosis, including shock, fear, anger, guilt, relief or numbness. These responses are common and can change over time.

There is no single "right" way to feel. Support is available if you would like help adjusting to life with diabetes. You can find peer support in your local area and online at www.diabetes.org.uk/support-for-you/community-support-and-forums/local-support-groups/peer-support

Stigma and unhelpful comments

Some people experience stigma or judgement about diabetes. This can include assumptions that diabetes is caused by personal choices or comments about food, weight or lifestyle.

These experiences can be difficult. If this happens, it may help to remember that diabetes is a complex condition and that managing it is about support, information and practical steps over time.

Where to get help

Support is available from different places, including:

- your GP or practice nurse
- diabetes support programmes
- diabetes charities and peer support communities

If you are experiencing low mood, anxiety or feeling overwhelmed, you can also speak with your GP practice about additional support.

How family and friends can help

Useful support is practical, not policing. It might mean joining you for a walk, keeping lower-sugar drink options at home, being flexible about meal timings, or asking what kind of help you actually want.

Many people find it helpful to explain:

> "I have type 2 diabetes. I don't need blame or monitoring - I need support with routines that make life easier."

Glossary

Blood glucose

The amount of glucose (sugar) in your blood. The body uses glucose for energy.

Blood glucose levels

The amount of glucose in the blood at a given time. These levels change during the day depending on food, activity, medicines and how the body uses insulin.

Carbohydrate

A type of nutrient found in foods such as bread, rice, pasta, potatoes, fruit and some drinks. Carbohydrates affect blood glucose levels.

eGFR

A blood test that shows how well your kidneys are filtering waste from the blood.

Eye screening for diabetes-related changes

A screening programme that checks for early changes in the eyes caused by diabetes before symptoms develop. In Wales this is called the Diabetic Eye Screening Wales programme.

HbA1c

A blood test that shows your average blood glucose levels over the past 2 to 3 months.

High blood glucose

Blood glucose levels that are above your usual target range.

Hyperglycaemia

The medical term for high blood glucose levels.

Hypoglycaemia (hypo)

Blood glucose levels that drop too low. This is more likely if you use insulin or certain tablets.

Insulin

A hormone made by the body that helps move glucose from the blood into cells where it can be used for energy.

Insulin resistance

When the body's cells do not respond well to insulin, meaning glucose stays in the blood instead of moving into cells.

NERS

The National Exercise Referral Scheme in Wales, which supports people to become more active through supervised exercise programmes.

SGLT2 inhibitor

A type of tablet that helps the kidneys remove some glucose from the body through urine.

Structured diabetes education

Programmes designed to help people understand and manage type 2 diabetes, such asMyDESMOND or X-PERT Diabetes Programme.

Target range

The blood glucose levels your healthcare team recommends aiming for.

Type 2 diabetes

A long-term condition where the body cannot regulate blood glucose effectively because insulin does not work properly or the body does not produce enough.

Type 2 diabetes remission

When blood glucose levels stay below the diabetes range for at least 3 months without glucose-lowering medication.

Trusted resources

NHS 111 Wales

Urgent advice and signposting.
https://111.wales.nhs.uk/

NHS 111 Wales language support

How to access advice in other languages and communication routes.
https://111.wales.nhs.uk/language/

NICE guideline NG28

Current UK guidance on type 2 diabetes in adults.
https://www.nice.org.uk/guidance/ng28

NHS Wales diabetes pages

Wales diabetes resources and signposting.
https://performanceandimprovement.nhs.wales/functions/networks-and-planning/diabetes/

NHS Wales essential health checks

What checks should be offered in Wales.
https://performanceandimprovement.nhs.wales/functions/networks-and-planning/diabetes/diabetes-home-new/essential-healthchecks/

MyDESMOND Wales

Free online education for adults with type 2 diabetes in Wales.
https://www.mydesmond.wales/

EPP Cymru

Self-management courses for people living with type 2 diabetes.
https://performanceandimprovement.nhs.wales/functions/quality-safety-and-improvement/improvement/our-work/epp/what-courses-are-available/living-with-and-managing-type-2-diabetes

Diabetic Eye Screening Wales

Information about Wales eye-screening invites.
https://phw.nhs.wales/services-and-teams/screening/diabetic-eye-screening-wales/

NERS

Supported activity scheme in Wales.
https://phw.nhs.wales/services-and-teams/wales-national-exercise-referral-scheme/

Diabetes UK

Reliable practical information for people newly diagnosed.
https://www.diabetes.org.uk/about-diabetes/type-2-diabetes/newly-diagnosed

PocketMedic

Short videos explaining common type 2 diabetes topics.
https://pocketmedic.org/diabetes-type-2/

Accessible communication standards in Wales

Information about communication and information support in NHS Wales.
https://www.gov.wales/accessible-communication-and-information-standards-healthcare-html

A Positive Future with Type 2 Diabetes

Practical inspiration from patients who have transformed their health through small, manageable steps.

Don't see this as the end of the world; see it as a wake-up call to a healthier, more energetic version of yourself. I'm fitter at 60 than I was at 40 because of my diagnosis

I've gone from taking 16 tablets a day to none. My blood pressure went back to normal, and my long-distance eyesight even came back. I felt 10 years younger.

I just want to say to everyone if they make the right changes and listen to the advice it does work and you should never give up hope

Being diagnosed might actually help you live longer because you'll be the most monitored person in the GP surgery! You'll catch things others miss.

Diabetes can come as a shock, and it can feel overwhelming in the beginning, so be kind to yourself...

I wanted to change my whole lifestyle in a big way and I wanted to live! The best thing that has ever happened to me is getting a diagnosis of diabetes. It has changed my life.

Quotes have been shared by members of the UK diabetes community and featured by Diabetes UK and Diabetes.co.uk.

GIG CYMRU NHS WALES

Supported by DIABETES UK
KNOW DIABETES. FIGHT DIABETES.

This booklet is part of a wider commitment to helping people in Wales live well with type 2 diabetes from the point of diagnosis onwards. It has been developed with input from people living with diabetes in Wales and from healthcare professionals.

The information in this publication was correct to the best of our knowledge at the time of publication. However, clinical guidance, services and local pathways can change. Readers should always check with their healthcare team for advice specific to their own care.

For urgent advice, contact NHS 111 Wales. In a medical emergency, call 999.