



Hypoglycaemia

What is Hypoglycaemia?

Hypoglycaemia is when your blood glucose level has dropped too low. Usually this occurs when the level falls below 4.0 mmol/L. Hypoglycaemia can occur with people who are on insulin and tablets that stimulate the pancreas to release insulin. Hypoglycaemia is uncommon in people who manage their diabetes through a healthy lifestyle alone.

Other names for Hypoglycaemia

- Hypo
- Low blood glucose
- Insulin reaction

Causes of hypoglycaemia

- Delaying or missing a meal.
- Not eating enough carbohydrate.
- Engaging in extra strenuous or unplanned physical activity.
- Alcohol consumption
- Too much insulin or too many diabetes tablets.

Signs and symptoms

Signs of hypoglycaemia vary from person to person but some common feelings are:

- Weakness, trembling or shaking
- Sweating
- Headache
- Dizziness/light-headedness

- Lack of concentration/behaviour change
- Tearfulness/crying
- Numbness/tingling around the lips and fingers
- Rapid pulse
- Irritability
- Hunger

If you experience any of these symptoms or feelings, **test your blood glucose level** if time and circumstances permit. If you are unable to do so, treat as a hypo.

Treating a hypo....what to do

Step 1

Have some quick acting carbohydrate (containing 15 grams), for example:

- 1 glass of soft drink (not diet or sugar-free)
- ½ glass of Lucozade™
- 1 tube of oral glucose gel
- 3 teaspoons of sugar dissolved in lukewarm liquid eg tea, coffee or water
- glucose tablets containing 15gms of glucose – check the dose of each tablet
- 5-7 jelly beans
- 60mls of Carbotest™

NB: If you are taking a tablet called Glucobay (Acarbose) **with** a tablet that stimulates your pancreas to release more insulin, you **must** take pure glucose (Lucozade, glucose tablets, glucose gel or Carbotest™) to treat your hypo.

- If symptoms persist or your blood glucose level remains below 4mmol/L after 5-10 minutes, repeat Step 1. If your blood glucose level has returned to above 4mmol/L and symptoms have disappeared, go to Step 2.

Step 2

Follow with some longer acting carbohydrate if your next meal is not within 15-20 minutes.

This could be one of the following:

- A sandwich
- 1 glass of milk or soy drink
- 1 piece of fruit
- 2-3 pieces of dried apricots, figs or other dried fruit
- 1 small tub of low fat yogurt

Step 3

Look for the possible causes of the hypo, eg not enough carbohydrate in recent meals, extra or unplanned activity, or a change in medication requirements.

If unsure, see your doctor, educator or specialist for review.

If not treated promptly the resulting low blood glucose may progress to a severe hypo:

- Loss of co-ordination
- Slurred speech
- Confusion
- Loss of consciousness/fitting

What else should you do?

- Carry quick acting glucose with you if you are on insulin or medications that stimulate the release of insulin.

- Look for the cause of your hypoglycaemia so that you can try to prevent the situation occurring again.
- Make sure your family, friends and colleagues know how to recognise and treat hypoglycaemia.
- Record any episodes of hypoglycaemia in your monitoring book and discuss with your doctor or diabetes educator at your next visit.
- It is advisable to test your blood glucose level before driving a motor vehicle.
- A driver should not drive after severe hypoglycaemia until they have been cleared by their GP or specialist.
- Limit your alcohol intake to two standard drinks per day. If you drink alcohol, ensure you have it with a meal or substantial snack containing carbohydrates. It is important to have another substantial snack containing carbohydrate several hours after you have consumed alcohol, especially if it is night time and you are going to bed.
- Contact your doctor or diabetes educator if hypos are occurring frequently.
- Wear a MedicAlert that states you have diabetes

NOTE: If the person having a hypo is unconscious or unable to swallow, then they should **not** be given any food or drink by mouth. Place the person on their side making sure their airway is clear. Call for an ambulance or give an injection of Glucagon if available and if you have received education in doing so.

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