

diabetes matters

A Diabetes WA Magazine WINTER 2025

Your Village

The surprising link between
diabetes and stress

How do you build a solid support network?

Finding the right help when you
have gestational diabetes

Hearty, healthy winter recipes



diabetesWA
by your side

From the Editor

Your Diabetes Village

In this issue we focus on the importance of support networks when living with diabetes, and how having someone by your side can make life a little easier.

We meet volunteer firefighter Claire Gibney, who has worked hard to build a health team around her, and Esther Adebayo, who navigated a gestational diabetes diagnosis alongside the usual challenges of pregnancy and motherhood.

We also look at the link between diabetes and stress – something that comes up a lot when our diabetes educators talk to people on our helpline and in the clinic, and our exercise physiologist and dietitian have put together ideas for healthy living to inspire you. Plus, as always, there are recipes.

Happy reading and please get in touch with us at media@diabeteswa.com.au if you are living with diabetes and would like to share your story – we love hearing from you.

Zoe

diabetes matters winter 2025

Editor Zoe Deleuil

Editorial & Advertising Enquiries

Diabetes WA, PO Box 1699, Subiaco, WA, 6904

Phone 1300 001 880

Email media@diabeteswa.com.au

Editorial submissions should be sent to Diabetes WA, care of the above address. All care will be taken with contributions however no liability for loss or damage to unsolicited materials will be accepted.

Disclaimer

The opinions expressed in articles and the claims made in advertising materials presented in Diabetes Matters are those of the authors and the advertisers respectively, and do not necessarily reflect the view of Diabetes WA, unless stated. The information provided is for the purposes of general information and is not meant to substitute the independent medical judgment of a health professional regarding specific and individualised treatment options for a specific medical condition. No responsibility is accepted by Diabetes WA or their agents for the accuracy of information contained in the text or advertisements and readers should rely on their own enquiries prior to making any decisions regarding their own health.

Thanks to

Diabetic Living magazine and LiveLighter for recipes.



FS 668607

Contributors

Zoe Deleuil, Brittany Denton, Carly Luff, Charlotte Rowley

Photography

DWA staff, Shutterstock

Design & Print

Glide Print

Diabetes WA – Subiaco Office

Level 3, 322 Hay Street, Subiaco WA 6008

Postal Address:

PO Box 1699, Subiaco WA 6904

Contents

A Word from Us1

What's New2

From the Cover

Diabetes and Stress4

The Diabetes Village5

Gestational diabetes8

Becoming a diabetes educator10

Member story – Claire Gibney12

Workshop calendar14

Living well

Type 1 to Type None16

Home workouts18

Eating well

10 things a dietitian has in her basket20

Diabetic Living recipes22

Live Lighter recipe26

Your stories28

Aboriginal Voice30

What's On32

diabetesWA
by your side

A word from us

Welcome to the winter edition of Diabetes Matters

Managing diabetes is rarely a solo journey. It often takes a village to provide the practical and emotional support needed to thrive with a chronic condition.

You may notice our refreshed branding in this edition. As we celebrate our 60th year, we've taken the opportunity to reflect on our journey and recommit to our mission: improving the lives of people living with, or at risk of, diabetes. The importance of the diabetes village was really brought home to us during our consultation process for our new brand.

Our community told us stories of their individual journeys, and who had (and hadn't) helped them. We heard how Diabetes WA has been by their side over the past 60 years, since two families who needed information and support for their newly diagnosed children got together and set up what is now the state's peak body for diabetes.

They told us of the importance of a local organisation that understands the challenges of access and equity when living with diabetes in one of the most geographically vast health jurisdictions in the world.

Western Australia is a special place, with unique needs. Diabetes WA was born here and continues its work here. We are proud that when you

contact our services, you will always speak to someone who is based in WA and who knows WA.

Our new look represents our evolution as an organisation and our ongoing drive to stay relevant, responsive and impactful in a changing diabetes landscape. It reflects who we are and our unwavering focus on better outcomes for the community.

We are continuing to grow and involve our community in everything we do, with the Diabetes Community Network being made up of West Australians who want to use their lived experience of diabetes to improve the experience of others. This means bringing their wisdom to bear on a variety of projects, including a digital resource to support people to take their medications, innovation of our helpline and a research advisory committee for the development of a new type 2 diabetes medication.

We also hosted the Kellion Victory Awards at Government House, to recognise West Australians who have lived with diabetes for 50 years or more. The stories from our amazing recipients make us laugh and often bring a tear or two. The overwhelming theme is always that of resilience. It is such a pleasure for Diabetes WA to host this occasion.



Melanie Gates

Finally, conversations around Diabetes Stigma were also revisited in this year's Diabetes Week. Everyone who lives with diabetes knows how harmful the assumptions of others can be – and how difficult it can be for some to talk openly about the experience of living with diabetes. The good news is that there is a collective effort to make a positive change. We encourage you to visit enddiabetesstigma.org to learn more.

Melanie Gates

Diabetes WA CEO

July 2025

Presenter Peter Ewers and Kellion Medallist Allan Simons



WHAT'S *NEW IN DIABETES

Diabetes WA launches its new branding

Early last year, Diabetes WA approached Warren Campbell, a brand strategist from Marketing Why, and Barry Marelli from Dux Digital, with the brief to craft a new visual identity and a clearer message about our purpose.

We wanted to honour both our long journey as a health organisation and our vast and unique state.

Warren started by talking to West Australians to find out what Diabetes WA meant to them.

"Through focus groups with a range of stakeholders, including Aboriginal Elders, people living with diabetes and the Diabetes WA team, we were able to uncover what makes the brand special," Warren says.

"It was clear from every conversation that Diabetes WA has been standing alongside the diabetes community in West Australia for the past 60 years. Our job was to help deliver that message to more people."

The result was a simple phrase that



summed up the role of Diabetes WA in the community – By Your Side.

"This idea of Diabetes WA being by your side, of walking with you, meant something to everyone we spoke to," Warren says. "The reality is that having diabetes can be very hard, and it's easier when there's someone there to support you. It's a clear reflection of the work that the whole team does on a daily basis."

Dux Digital was tasked with introducing a more contemporary look that highlighted Diabetes WA's long connection to WA.

"WA's colour palette changes so dramatically as you move from north to south," says Barry. "You have the cool green forests of the southwest and then the rich ochres of the north. That gave us a lot to work with."

The last part of the piece was a signature squiggle we're calling the journey line, to reflect the idea that everyone living with diabetes is on a unique journey.

It also represents the Derbarl Yerrigan, or Swan River, a body of water with great spiritual and cultural significance for the area's Traditional Owners, the Whadjuk Noongar people.

Both Warren and Barry say that they look forward to seeing their work appearing across the state.

"The exercise was so rewarding because I could see there is a genuine need for this organisation," says Warren. "Not-for-profit organisations deserve the best branding. For me there was a real sense of purpose in it, and it was also a lot of fun."

HBF Run for a Reason

Congratulations to Devlin Chiffings, our HBF Run for a Reason Ambassador, who raised \$796 for Diabetes WA, alongside our wonderful staff members, Jessica Weiss, Geoff Currie and Lyle James. Thank you all for your efforts!



Diabetes WA opens new Maddington clinic

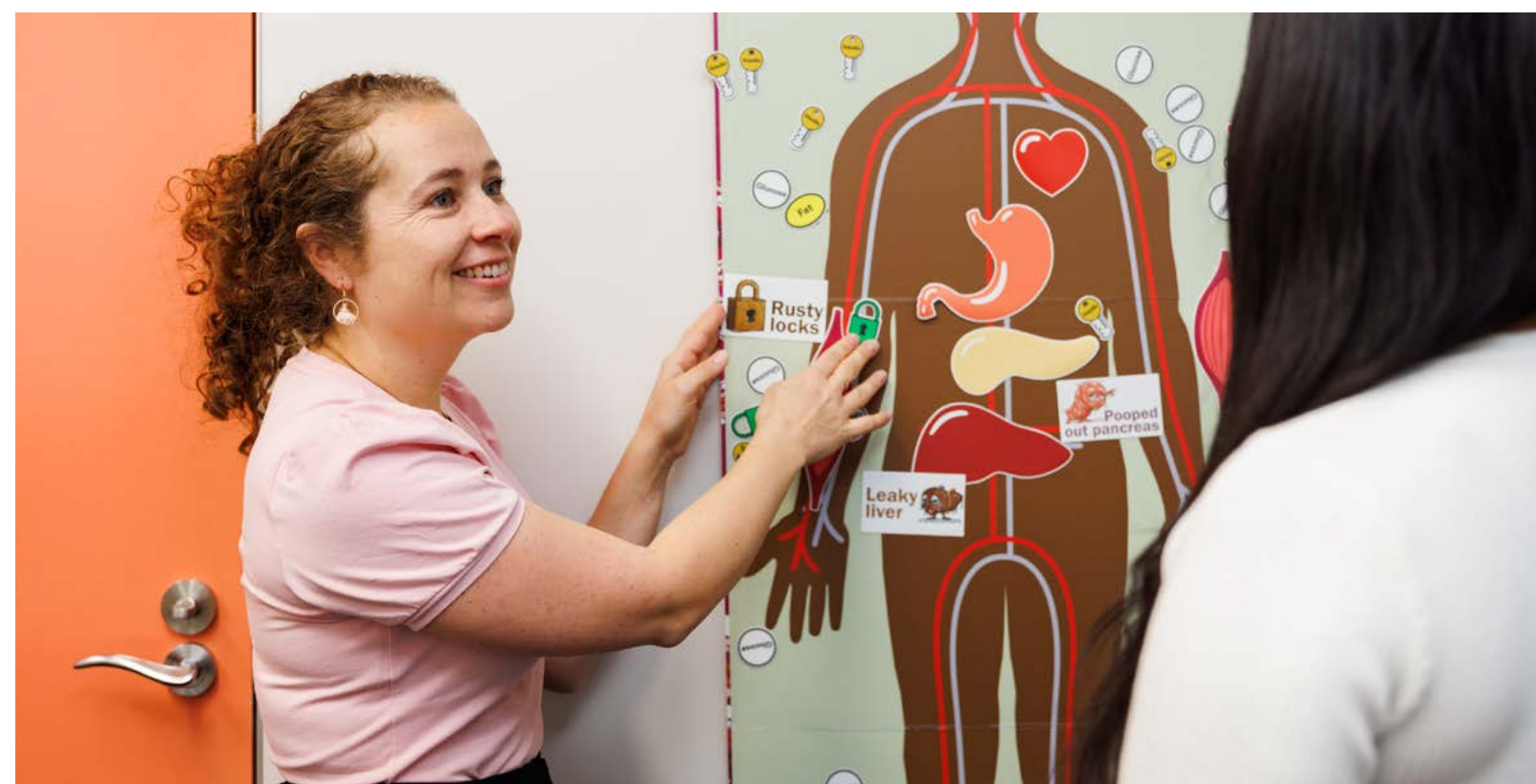
Our new Maddington clinic is now open for bookings. Our credentialed diabetes educator will offer diabetes education and support for people newly diagnosed with all types of diabetes.

This includes starting and adjusting insulin, diabetes technology, including insulin pumps, and support for women diagnosed with gestational diabetes (GDM).

The clinic currently runs monthly with plans to move to fortnightly clinics.

Where: Maddington Specialist Centre, 6/210 Burslem Drive, Maddington WA 6109

To book: email clinic@diabeteswa.com.au or call 08 9436 6290



Take the pressure down

Stress reduction is not easy in today's fast-paced world, but it can have a profound impact on your health, writes our diabetes educator Dr CHARLOTTE ROWLEY

When I talk to people on the Diabetes WA helpline, we spend a lot of time on the importance of a healthy diet and regular exercise. But there's another lifestyle aspect that sometimes gets overlooked: stress.

Stress is not inherently negative – it also keeps us alert and helps us to avoid danger (think – running away from a lion back when that was a thing). To give us the pep we need to outrun threats to our survival, stress changes the function of many systems in the body, including raising our glucose levels.

In the short term, this might not be an issue, but chronic stress (which a lot of us experience today thanks to our fast-paced lifestyles), can sometimes mean our glucose is elevated when it doesn't need to be. This increases insulin resistance and the risk of developing type 2 diabetes.

For people living with diabetes, stress can cause your blood glucose levels to sit higher than usual and be more difficult to manage.

What happens when you get stressed?

When we are stressed, the body releases many molecules that act like messengers, including glucocorticoids and catecholamines. Glucocorticoids stimulate the release of glucose from body stores and, at the same time, decrease the ability of muscles to take up glucose, meaning there

is more glucose hanging around in your blood.

In people with prediabetes or type 2 diabetes, corticosteroids restrict the pancreas' ability to produce and secrete insulin. These aren't the only molecules at play; in fact, a range of molecules are released in response to chronic stress, and unfortunately all of them contribute to increased insulin resistance and higher blood glucose levels.

As if that wasn't bad enough, we also see a loss of muscle mass and an increase in fat stored around the middle when we are chronically stressed, which independently increase insulin resistance and blood glucose levels.

Why does our body react like this?

Well, in the short term, this is actually an advantage. Extra glucose in the blood ensures the brain has a constant flow of glucose and can provide extra energy to the immune system during a short period of stress. So if you did need to run away from a lion, this extra glucose would be incredibly helpful, and your body would rely on non-insulin dependent pathways to take up that glucose for energy.

The problem is that modern life is so fast-paced that, without even realising it, we can feel like we are under threat most of the time, which means our body spends too much time in 'survival mode.' Remember,

our bodies are not designed to be stuck in traffic two hours per day, sleep deprived and stressed about work, the kids and the cost of living. A side effect of this chronic stress is insulin resistance and increased blood glucose levels.

So, what can we do about it?

If you can remove the source of your chronic stress, great. But that isn't always possible. What is possible is managing your stress levels so you can get your body out of fight-and-flight mode unless it's actually an emergency – and there are many ways to do this.

Firstly, get moving. Exercise uses non-insulin dependent pathways to get the glucose into your muscles, as well as being great for your mental health.

Don't worry, you don't need to start training like you are running away from a lion for this to have an effect. Even a 30-minute walk around your neighbourhood can do the trick. The general guide is to exercise for 30 minutes per day at a pace that gets you a bit huffy and puffy. If you can do some strength-based exercise twice per week (think weights, body weight or bands) you're going the extra mile (pardon my pun).

Along with exercise, breathing exercises, meditation and yoga can all help to reduce stress in the body, while therapy can help you develop healthy coping strategies to reduce the impact of stressful events. Even just talking to a friend or family member about how you are feeling can make a big difference.

So, if you think stress could be having an impact on your diabetes management, what steps can you take today to reduce your stress levels and improve your blood glucose levels?

References:

*Stress-Induced Diabetes:
A Review – PMC
Why stress makes your BGLs rise |
Diabetes Australia*

Who is in Your village?

Every West Australian affected by diabetes needs a village around them.

Each village is unique, but might include your GP and diabetes educator, local community organisations, sporting clubs and, of course, family and friends.

Building a support network can make living with diabetes easier – and that support will look different for everybody. A solid network can provide holistic care and ease the burden of managing a chronic condition.

For some people living with diabetes, the social contact from the local bowls or cricket club can make the difference. For others it might be the relationship they have with their health team, or the sense of purpose they find in volunteering.

Ask yourself – what does your diabetes village look like? And what would you like it to look like?

Read on for some ideas on building a village that works for you.

Your health team

Managing diabetes can be challenging and many people find that having support can make it easier. A trusted GP and diabetes educator can be particularly helpful as most diabetes management takes care in primary care settings.

For Danielle, who lives with type 2 diabetes, travelling to a GP who knows her is worth the longer drive.

"I was diagnosed with type 2 diabetes about six years ago," Danielle says. "Last year I ended up in the hospital and my new GP couldn't get to the bottom of it."

Unfortunately, Danielle didn't have access to an endocrinologist near her new home. The one at her local hospital had retired and his replacement only offered a private service. As the sole carer of two children with disabilities, private health insurance was not an option, and getting to Perth for hospital appointments was difficult. In the end, she travelled to her former GP in Donnybrook, who put her in touch with an endocrinologist.





For Danielle, seeing a GP who knew her story was invaluable.

"She contacted Diabetes Connect for a review of my insulin doses, and we had a multi-disciplinary case conference through Diabetes WA with her, a diabetes educator and an endocrinologist. They helped me source a continuous glucose monitor."

Danielle says being able to monitor her blood glucose levels continuously has given her a much better understanding of her diabetes.

"I realised that my extreme lows were caused by stress as well as diet, and I've now got a fridge full of insulin that I am not using, because I don't need it anymore. My main fear about having diabetes is that something will happen to me, and it will mean I can't care for my daughters. Now things are better for me and I'm very grateful for all the help I've been given."



A diabetes educator can give you information about all aspects of diabetes, and your GP can arrange for a case conference with one of our endocrinologists if you're living in a rural area. All people living with diabetes in WA can contact diabetes educators for free advice on our helpline.

We also have innovative virtual support that allow West Australians to connect with others in their village.

BabySteps is an interactive online program designed to empower women to implement lifestyle changes and reduce the risk of type 2 diabetes. You can ask a health professional any questions you might have and learn from other mums through the community support forum.

MyDESMOND is an online program that empowers people to confidently self-manage type 2 diabetes in a way that suits their lifestyle through short videos, learning sessions and interactive activities on health, diet and exercise.

Your pharmacist

A pharmacist is often the health professional you have the most contact with as you don't need an appointment to see them, so it's worth building a relationship, says clinical services manager Jessica Weiss.

"Of all the things we do to manage our diabetes, medications will have the biggest impact in lowering our blood glucose levels, along with other risk factors, so having a pharmacist in your 'village' who knows about your medications, how to get the most out of them, and when you might need a review – due to side effects, interactions with other medications or if it's no longer working – is invaluable," Jessica says.

Finding the right pharmacist and sticking with them can have many benefits. Firstly, they know your medication history, so if something

changes, they will be able to review your prescriptions or discuss issues with your GP.

Pharmacists can also keep track of your spending to help you qualify for the PBS Medication Safety Net, and will order in your medications, store your prescriptions and manage your medications with Webster packing services.

They have options to support you if you run out of your medication and can't get an appointment with your GP.

"Pharmacists can give free vaccinations, provide routine screening for chronic conditions including diabetes, blood pressure, weight, cholesterol and sleep apnoea, and offer home medicine reviews if you are on multiple medications – all under one roof, and with convenient opening hours," says Jessica.

Volunteering

Many organisations are looking for volunteers to help them with anything from tree planting to animal rescue.

Claire Gibney, who shares her story on page 12, says that becoming a volunteer firefighter has given her a renewed sense of purpose.

"I had considered applying to the fire service for several years but never got around to it until about a year ago. I was heading home one night, and I drove past the sign on the side of the road calling for new recruits. I went along to the info night, signed up and I haven't looked back. It's given me a purpose in life outside of my work, it keeps me active, and there's a real sense of community within my brigade."

volunteeringwa.org.au
actbelongcommit.org.au

Sporting clubs

Of course, with so much on offer here in West Australia, many of us find community in our local sports club. This might be an organisation with thousands of members or an informal walking or swimming club that organises meetups on Facebook.

For Allan Simons, who lives with type 1 diabetes, his croquet club gives him not just exercise but also a sense of purpose as he volunteers there regularly, maintaining the grounds and helping out.

"I don't think people realise how much work gets done by the volunteers, but it's a good thing to do if you live alone – it gets you outside, in the sun and rain, and keeps you active," Allan says.

Most sporting clubs will also welcome volunteers for coaching or just helping out on game days – your commitment can be as much or as little as you want to give. And it's good for you – numerous studies have shown that volunteering boosts your own wellbeing, with the benefits being particularly strong in people living with chronic conditions such as diabetes.

A dose of the arts

Creative pursuits are a great way to meet like-minded people in a friendly environment or just practice something you enjoy, whether that's drawing, sewing, origami, baking, photography or getting lost in a good book. What's more, a recent West Australian study shows that those who take place is some kind of creative pursuit for just two hours a week report significantly better mental well-being.

Whether you're a beginner or someone with years of experience, you'll still feel the benefits.

UWA Centre for Arts, Mental Health and Wellbeing Director, Dr Christina Davies points out, "You don't have to be good at art for the arts to be good for you. In fact, as little as two hours of arts per week can

“Camp gives children with diabetes a powerful sense of belonging. They're surrounded by others who truly understand what it's like to live with diabetes.”

make a tangible difference to your wellbeing." She suggests checking your local paper for free community events in your area, visiting an art exhibition or taking a daily photo.

"There's so much that people can do that isn't costly but still brings joy and happiness and connection to other people," she says.

What about kids?

Kids living with type 1 diabetes can participate in Diabetes WA's bi-annual camp. This provides a safe and supportive environment where children living with diabetes can learn more about managing their condition, develop their self-confidence and connect with peers facing similar challenges.

Stacey Baxter, DWA's Camps Coordinator, says that the camp has a profoundly positive impact on the community, with many families expressing how fantastic the experience has been for their kids.

"Camp gives children with diabetes a powerful sense of belonging. They're surrounded by others who truly understand what it's like to live with diabetes," Stacey says.

For many, it's the first time they don't feel different. Camp helps kids build confidence and form new friendships, share experiences and realise they're not alone on this journey. "It creates a sense of solidarity and mutual support, which is crucial for those affected by diabetes."

Join our community network

We want the Western Australia diabetes community to be a place where friendships flourish, your voice is heard, and everyone works together for a brighter future.

We provide quality diabetes services that greatly improve outcomes and quality of life, but to do that we need your considered and meaningful involvement.

Our community network is an evolving hub, designed to bring together people living with diabetes, as well as their families and carers. Anyone can join, no matter where they live in Western Australia.

Whether you're interested in local events, sharing your skills or representing the wider diabetes community, our network is here for you. It's a chance to work together to provide a collective voice to share your stories and advocate for your needs.

If you're interested in joining our community network or have any questions, contact Diabetes WA today to get involved at communitynetwork@diabeteswa.com.au or call 1800 001 880.

Join us and be part of the change.

By your side

through pregnancy and beyond

Being supported by health professionals with the right information helped ESTHER ADEBAYO stay on track through her gestational diabetes diagnosis.

"I was diagnosed with GDM with my second pregnancy when I went to a midwife appointment and did the oral glucose tolerance test (OGTT). They told me I had high blood glucose levels and might have GDM. I didn't believe the results, so I went and got a second opinion, which confirmed the diagnosis.

It was stressful to be suddenly thinking about my blood glucose level all the time. Sometimes it would be high, even when I hadn't eaten anything. I was also afraid that if my levels didn't stabilise, they would induce the baby early and I didn't want that.

Also, my dad has diabetes and seeing what he's gone through over the years made me want to make all the necessary changes.

I was given a lot of information from my midwifery team. I learned how to do my own blood tests, and what I needed to do to change my lifestyle and diet.

At first it was hard as I felt I couldn't eat the foods I really loved, like watermelon. However, making simple changes helped. I increased my intake of fibre, switched to multigrain bread and downsized my plate.

One thing that stuck with me was that my plate should be as colourful as a rainbow, and another was thinking about portion control, with more vegetables than carbs and protein in each meal. I realised I could still eat the foods I loved, just in smaller quantities.

Another area I focussed on was incorporating more exercise into my daily routine. The gym near me doesn't offer childcare, so I started walking more. I also got an exercise bike, a foam mat and a resistance band to do workouts at home.

The thing that probably helped me most of all during the pregnancy was getting information from my health team and not the internet. I found that reading too much online information stresses me out as it always gives you the worst-case scenario.

What I needed was the right information and the right support. My diabetes educator said to me, 'This happens sometimes in pregnancy and here's what you can do to stay on track' and that's what I needed to hear.

For me, the most stressful part of the whole experience was when they first told me I had GDM. I was so worried about what would happen to me, and if the baby would have diabetes, too.

But they said to me, 'the minute you have the baby the gestational diabetes will go.'

And that is exactly what happened. After the baby was born, I had to go back to work, so it was harder to stay on track, plus I was getting less sleep, but I continued with the walking and healthy eating.

The risk for women who have had GDM is that you're at a higher risk of developing type 2 diabetes later on, which is why I've worked hard to maintain my healthy diet and lifestyle. I recently introduced swimming to my routine, and if you check my freezer, you'll see a lot more vegetables.

My kids now eat better, we take a walk together, I sometimes jog in the mornings, and this all helps with my stress levels as I balance motherhood and work, as well as my physical health."

Have you heard of our Baby Steps program?

Women with gestational diabetes have a higher risk of developing type 2 diabetes later on.

The Baby Steps program is offered to women previously diagnosed with gestational diabetes and is designed to empower them to make lifestyle changes and reduce the risk of going on to develop type 2 diabetes.

This free online program offers short videos, learning sessions and interactive activities and covers food choices, exercise and managing stress and medications.

Visit ndss.com.au, email babysteps@ndss.com.au or call the NDSS on 1800 637 700 for further information.

“ The thing that helped me most of all was getting information from my health team and not the internet, which stresses me out as it always gives the worst-case scenario ”

What is GDM?

Gestational diabetes mellitus, or GDM, is currently the fastest-growing type of diabetes in Australia, with one in six pregnancies affected.

Risk factors for developing GDM include your ethnic background, having had a large baby and/or GDM previously, being on certain medications and being over the age of 35.

Although you can't avoid all risk factors, you can make some simple changes to your lifestyle to manage GDM, and prevent it in future pregnancies.

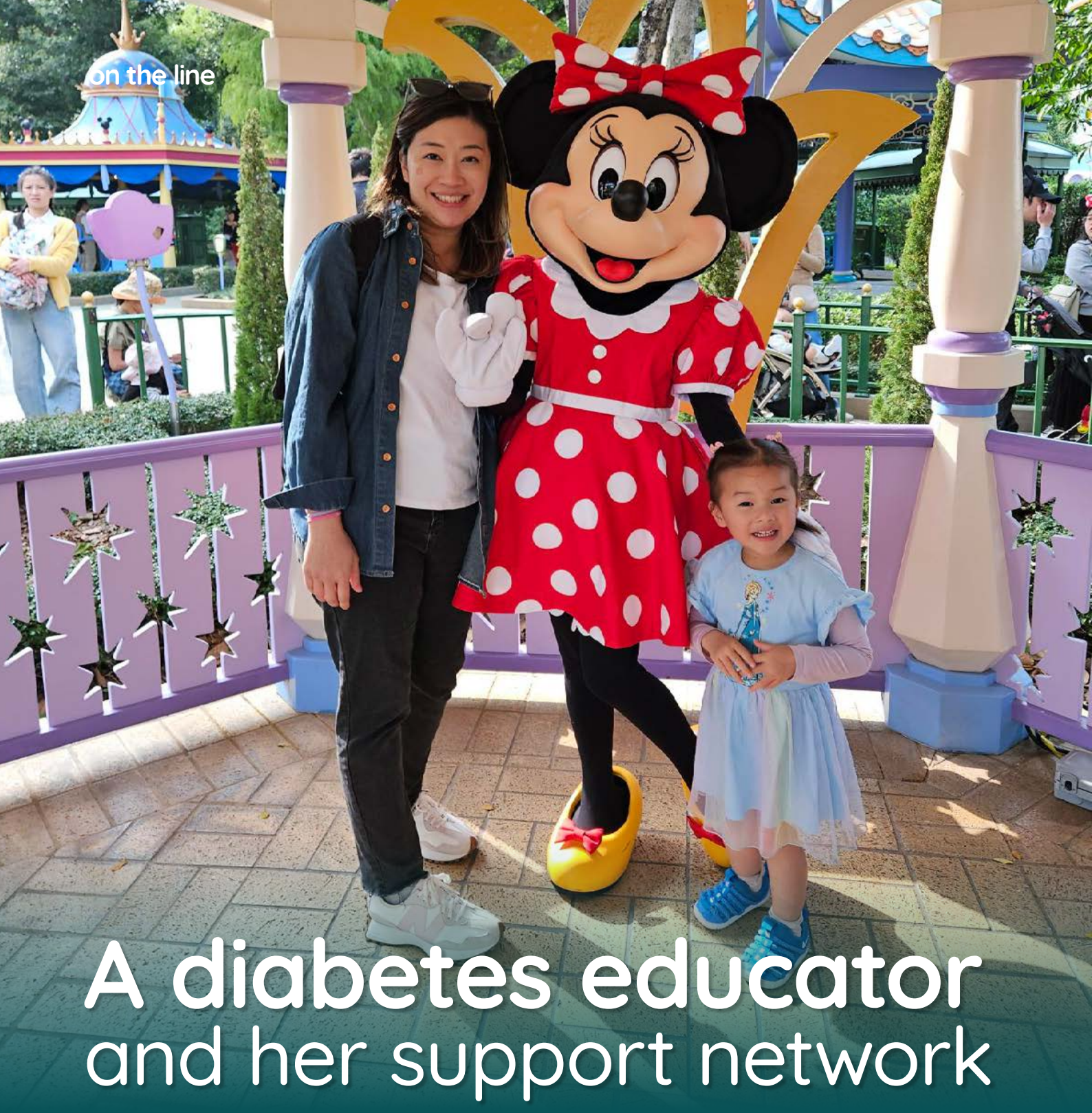
How Diabetes WA helps women with GDM

If you're living in a regional or rural area of Western Australia and are diagnosed with GDM, your GP will refer you to Diabetes WA for support and monitoring throughout your pregnancy and beyond through Telehealth. We also see women living in metropolitan areas who want to use our services, either through their GP or self-referral.

Once we have a referral, we will arrange for an appointment within a week at our GDM clinic. This first appointment is focussed on self-managing GDM, including how to take regular blood glucose readings. Some women will buy a continuous glucose monitor while others will check four times a day using finger pricks. We also provide a digital resource book about GDM. After that, we catch up every week over the phone or via email to check on BGLs.

We recommend that women see one of our dietitians to learn more about what to eat, focussing on quality carbohydrates and nutritionally complete foods to fuel mum and bub throughout the pregnancy. We support women to understand the impact of different carbohydrates on blood glucose levels, and options to keep them stable, including lower-glycaemic, higher-fibre and protein-containing choices that also suit taste and cultural preferences.

We will check in six weeks after the birth to see how you are going. You'll repeat the oral glucose tolerance test (OGTT) six to twelve weeks after the birth and then get a blood test annually through your GP.



A diabetes educator and her support network

Diabetes WA's SALLY KWONG shares her career journey from community pharmacist to diabetes educator

Back in 2019, after working as a community pharmacist for ten years, I started thinking about a career change. I couldn't see myself becoming a business owner with my own pharmacy, nor did I want to work as a hospital pharmacist, so it was time to find something new. Pharmacists are frequently the first point of contact in healthcare, and we can get a little burned out from talking to so many people every day. I was struggling with the fact that I had regular customers and knew a little of their journey and the health issues they were dealing with, but I always wanted more time to explain

things properly. You don't get that in a busy pharmacy. I also believe it's important to keep learning and equipping yourself with new professional skills, so the time came when I was ready for a change.

Becoming a diabetes educator seemed like the right choice for me, but then COVID hit. People wanted to stock up on Ventolin, masks, hand sanitisers and two or three months' worth of medication all at once.

Our pharmacy was constantly busy and customers could be verbally abusive because they were panicking about being able to get hold of their medications. At times I felt quite vulnerable.

COVID was probably my turning point. I completed one unit of the Graduate Certificate in Diabetes through Curtin University in 2020. Then I had a baby and went on maternity leave, so it ended up taking me 2.5 years to complete the training.

You have to do a clinical placement as part of the course, but none of the hospitals wanted someone with a non-nursing background. Instead, I completed my placement here at Diabetes WA, where I learned a lot more about a diabetes educator's role. It was a great place to learn – Diabetes WA is not a hospital and it's not solely a private clinic either. There are information sessions, group education programs, telehealth – there's always a lot going on.

I started working here in 2023. It was daunting to leave the pharmacy, where I'd worked for ten years and where you stand alongside each other and chat all day. Now I was suddenly back in an office and spending more time on my own. Everyone was very friendly, but it still took a while to get used to it.

When I started, I was mentored by another diabetes educator, but honestly it feels like every colleague I have is my mentor. Everyone has been so supportive.

One day a week I run a clinic for women with gestational

on the line

“ When I started, I was mentored by another diabetes educator, but honestly it feels like every colleague I have is my mentor. Everyone has been so supportive. ”

diabetes (GDM), alongside a nurse and a dietitian. This shared skill set works well for our clients, and we have great chemistry between us. On other days I'm on our telehealth team, talking to people with GDM and type 1 and type 2 diabetes in regional areas. This year I am also supporting the endocrinology clinic.

One thing I really enjoy is being involved with CALD (culturally and linguistically diverse) calls and sessions. I also speak Cantonese, and I feel honoured to deliver sessions in Cantonese. These might be programs for learning more about type 2 diabetes or healthy eating, and I think the participants are glad I speak Cantonese. Plus I can chip in more about cooking tips and cuisine!

My favourite thing to do here is our group information sessions. As a pharmacist I talked to people all day long. It was tiring but I enjoyed it. I'm very comfortable talking to people and feel like it's my strength. Now I'm here, I'm still keen to keep learning new skills. Looking ahead, my career goals include being an all-round diabetes educator and doing some outreach clinics in the future.

MAKE A CONNECTION



Diabetes WA

Helpline 1300 001 880

info@diabeteswa.com.au

Monday to Friday, office hours

Telehealth (for regional WA)

1300 001 880 or email

telehealth@diabeteswa.com.au

Diabetes WA Clinic

diabeteswa.com.au

NDSS

NDSS national helpline 1800 637 700

Email ndss@diabetesaustralia.com.au

peersupport.ndss.com.au



“Suddenly that cloud of anxiety lifts”

An insulin pump has transformed daily life for business advisor and volunteer firefighter CLAIRE GIBNEY.

I've had type 1 diabetes since I was thirteen. I went on a Medtronic pump when I was about 15 but it didn't suit my lifestyle as I was playing sport and bodyboarding, plus my skin reacted to the tape, so before long I went back to finger pricks and insulin pens.

Then, when I turned 40, some results came back that were worse than I'd anticipated. Until then, I'd been blissfully ignorant, but now I realised I needed to prioritise my health.

I asked my GP about a CGM (continuous glucose monitor), and he suggested seeing a diabetes educator. My first educator put me on a trial CGM to see how my skin reacted, and recommended Diabetes WA for insulin pump advice. I walked into that first appointment with limited knowledge – it's amazing what you forget over time – but at no point did I feel judged.

I learned that the pump technology had come a long way, and I felt it was time to give it another try. The Omnipod 5 was not available until mid-March, and I wanted that one because there are no tubes and it's small, so I used a CGM until then.

Getting used to the tech wasn't all smooth sailing. For the first four days my sugar level flatlined at 6.5 and barely moved from that level, but on day five I was woken at 3am when my blood glucose levels suddenly increased. Everything was alarming at me. I'd taken the week off work to give the pump my full attention, I was

eating healthily and my glucose was within target.

I thought I must have sleep-walked and eaten something, but I started googling and realised that it's not just food, it's also hormones and emotions and other factors that can affect your blood glucose.

Within a four-week period I had gone from being blissfully ignorant to being aware of exactly what my body was doing. I almost regretted wanting to take control because it made me realise how much I'd neglected my diabetes in the past. If my emotional state could affect my levels so much, what had I put my body through over the last ten years?

I was also panicking because I really needed the pump to work and had no idea how I would manage my diabetes in the future if it didn't. I don't cope well with feeling like I am failing at something, which is probably why I'd had my head in the sand for the past 10 years.

I went back to the educator, saying I felt like was failing at adapting to the new pump. She told me: “This is the quickest transition I've ever seen. You can't change the past but what you can do is use it to your advantage now.” I realised I had to shift my mindset and make the most of the opportunity.

I'm also a volunteer firefighter, so we needed to think about what the heat of a fire might mean for an insulin pump. I joined the service about a year ago as I felt I

was missing a purpose in life outside of work. Volunteer firefighting keeps me active and there is a real sense of community within my brigade.

The day of my Omnipod implementation session, I'd been at a fire most of the night so hadn't slept. The educator asked me if I wanted to postpone, but I said, “No, I'll just take a lot of notes” as I didn't want to lose momentum in gaining better control of my diabetes.

As a volunteer firefighter, I'll receive a message and, if I can be at the station within 15 minutes, I will attend the incident. I was interested to know how my body would react to the cortisol and adrenaline when I responded to a call. The technology is so good now that my diabetes educator could have logged in and tracked what my pump and CGM were reporting in real time.

As it turned out, my glucose levels remained constant. Volunteers mainly put out bush fires and we are not typically exposed to intense heat. My pump is under my PPE clothing, and I've had no issues with it not operating properly.

Having a pump allows for a lot more flexibility as I don't need to pre-empt as much. I'll still carry muesli bars and lollies in my fire jacket but, because I'm still getting that basal insulin delivery, mealtimes are far less regimented.

The brigade is supportive, and I've never felt my diabetes has impacted my ability to volunteer; in fact, most of my colleagues love it because of my red jellybean supply. As an organisation they are obviously safety focussed and they basically said to me – “We have qualified first aiders, you know your body best, just let your crew leader know when you turn out and if you don't feel good speak up, because your safety is our priority.”

I'm now using a third of the insulin I was prior to being on a pump. Suddenly, I don't have to have think about it nearly as much. All I do is tell the pump 15 minutes prior to eating or drinking something and put in the estimated carbs then hit “use sensor.” The pump accounts for how my BGL is trending and automatically calculates the insulin required.

This has reduced my decision making a lot. It's essentially a pancreas outside my body. It gives peace of mind to my family as well – if I am sleeping late after a fire in the night and have not been active on messenger or answered my phone, they can simply check my BGL level on their device and I can continue to sleep!

Having said all that, the costs do add up. I have private health cover, but I'm still paying a monthly subscription as my policy has a 12-month waiting period for insulin pumps. Fortunately, I was able to build a budget that could sustain the cost until my waiting period ends.

It concerns me that many people can't afford the monthly cost. It's sad, because for me it's been such a game changer. If the government subsidised this technology, there would be a definite return on



“I'll still carry muesli bars and lollies in my fire jacket but, because I'm still getting that basal insulin delivery, mealtimes are far less regimented”

investment as better diabetes management could take the strain off an already inundated health care system.

Being on the CGM and the Omnipod has made me more in tune with both my physical and mental state and how it is impacting my BGL. I now understand the correlation between type 1 diabetes and anxiety, and I want to remind people that they are not alone if they feel anxious or overwhelmed.

Now, for the first time since leaving the care of PMH as a child, I can say there are people out there to help me. I have been lucky to find key people that I quickly connected with and now have a balanced health team in my corner. When you find people that don't make you feel like a number and that are invested in your wellbeing, suddenly that cloud of anxiety lifts.

It's been a big five months, but I'm coming out the other side. I feel the best I have in a long time. I can manage my diabetes and live the life that I want to. A big shout-out to those that have walked beside me this year. You have made this journey easier, and I am forever grateful.”

To talk to one of our diabetes educators about accessing the latest technology, or to register for one of our Type 1 Tech Nights, visit diabetes.com.au or call our free helpline on 1300 001 880.

WORKSHOPS

+ EVENTS

July to September 2025

DESMOND

For people living with type 2 diabetes. The DESMOND (Diabetes Education and Self Management for Ongoing and Newly Diagnosed) program provides you with a welcoming and non-judgmental space where you can plan how you would like to manage your diabetes.

DATES	LOCATION
Thursday 24 July	North Beach
Wednesday 30 July	Bentley
Wednesday 6 August	Belmont
Saturday 9 August	Leederville
Saturday 16 August	Mandurah
Thursday 21 August	Heathridge
Tuesday 2 September	Cockburn
Friday 5 September	Noranda
Wednesday 10 September	Thornlie
Saturday 13 September	Kwinana
Wednesday 17 September	Melville
Friday 26 September	Midland
REGIONAL	
Wednesday 16 July	Northam
Tuesday 30 September	Bunbury

Living Well

For people living with type 2 diabetes. This free event will showcase the latest information on diabetes with a focus on living well with diabetes, delivered to you by experts in the field.

DATES	LOCATION
Friday 1 August	Mandurah
Friday 22 August	Maylands
Tuesday 9 September	Gosnells
REGIONAL	
Tuesday 16 September	Bunbury

Beat It!

For people living with type 1 diabetes or type 2 diabetes. Beat It! is an 8-week group exercise and lifestyle program to help you better manage your diabetes and improve your general health.

DATES	LOCATION
Monday 4 August	Morley
REGIONAL	
Tuesday 30 September	Bunbury



Can't make any of these dates or locations? Many of our workshops are also available online. Scan the QR code to find a workshop that suits you.

Do you want to learn more about diabetes, health, and wellbeing?

Diabetes WA regularly partners with others to hold public community info sessions for those with or without diabetes who want to learn more. Registration may be required. Contact community@diabeteswa.com.au for more information.

Community Info Session

DATES	LOCATION
Wednesday 30 July 2025	Booragoon
Thursday 7 August 2025	Subiaco





Turning type 1 into type none

Australian researchers lead a global campaign to prevent type 1 diabetes

If you live with type 1 diabetes, there is something you can do right now to help researchers find a way to prevent it.

It won't cost you a cent, but the peace of mind for your family could be priceless.

Professor John Wentworth is one of the lead doctors for Type1Screen, a national program offering antibody testing to relatives of people with type 1 diabetes, to determine if they are at risk of developing type 1.

He is calling on the type 1 community to spread the word and encourage their relatives to get screened.

"For people who have a relative with type 1, the risk (of also developing type 1) is 10 to 15 times higher than it is for the general population," Professor Wentworth explains.

"Type 1 families understand the impact of diabetes, so people often want to screen their children to keep them safe from potential ketoacidosis and critical illness.

"Some people don't want to live with the information that their kids are going to get diabetes. Previously, there was nothing you could do... but that has now changed."

The path to prevention

While he can't reveal all the details yet, Professor Wentworth hints at upcoming type 1 diabetes prevention trials led by researchers at The Royal

Melbourne Hospital and St Vincent's Institute.

"By early 2026, we will have at least one, and probably two compelling prevention trials taking place," he explains.

"These will be worldwide trials, and Victoria is taking a leading role. What's also exciting is that one of these trials is the direct result of Melbourne-based research.

"If it is successful, it will change the paradigm... it will get to the clinic very quickly and directly benefit people recently diagnosed with type 1."

Meanwhile, a study by TrialNet in the US showed the use of an immunotherapy drug called teplizumab can prevent the onset of type 1 diabetes for two years.

"This treatment was approved in the US and is already being used in the clinic," Professor Wentworth says.

"We work closely with TrialNet and there are things happening to bring the treatment here to Australia.

"Having this treatment available justifies screening. If the test shows that you or your child is imminently going to get type 1 diabetes, you can now delay that diagnosis.

"We don't have it here yet, but we anticipate we will have teplizumab later this year. That means, if someone wants it and they meet the criteria, we can request permission from the federal government to access this medication."

For now, the teplizumab treatment involves intravenous delivery for 14 consecutive days.

"We would deliver it as a half-hour infusion, but it's still pretty disruptive to come in every day for 14 straight days," Professor Wentworth says.

"Still, two weeks of treatment is preferable to managing diabetes with insulin."

With treatments proven to delay the onset of type 1 and potentially more on the way, there's now a tangible reason for screening.

Why community support is vital

"Only 1 in every 100 people we screen will be eligible for the prevention trials," Professor Wentworth explains.

"That's good, because it means only 1 in 100 are imminently going to get type 1 diabetes.

"We need to screen as many people as we can across Australia to find 20 – 50 eligible participants. To find a cure for type 1, we need the community to get involved."

When Type1Screen trialled an at-home test kit in 2022, they proved it could be successful on the strength of community support.

"We published a world-first study, showing you can do screening at home with a finger prick test," Professor Wentworth says.

"We asked Type1Screen participants to help us. We said, 'you're already giving us a venous blood sample to screen your child. At the same time, can you give us a finger prick sample and tell us how it went?'"

"To this day, we are incredibly grateful to all the people who helped us."

Professor Wentworth is hopeful the type 1 community will once again come together to help his team of passionate diabetes researchers.

"We need your help – please encourage your relatives to get screened. We need 1000 people to come forward and get screened in the next six months."

"This is a call to parents and grandparents, round up the kids and have a screening day."



The benefits of early diagnosis

It goes without saying that returning a negative result for the antibody test is best-case scenario. However, for those who test positive, finding out sooner rather than later can make all the difference.

"We get a lot of emails from participants saying, thank you so much for finding this before my child got critically ill. You kept her out of hospital, or we were prepared," Professor Wentworth says.

"Getting the diagnosis out of the blue is shocking, whereas diagnosis through screening gives you time to process it and get prepared."

"Screening also reduces the risk of diabetic ketoacidosis (DKA) at diagnosis."

Being a Type1Screen participant gives you access to support and information from a team of diabetes experts. For eligible people, there is the option to participate in immunotherapy trials.

"People who have just been diagnosed still have some residual pancreas function, so at least for the duration of the treatment they can maintain that."

"We see a lot of these people have stable glucose levels without much effort, and some people do not need to use insulin for 1-2 years during immunotherapy.

"We also want to serve regional communities, so there is dedicated support for travel and accommodation for families living away from capital cities.

"Again, this is a call to arms – if you know someone newly diagnosed, they should hear about these trials. A lot of the time people find us too late. Our research will have long-term benefits, but we are also trying to help people here and now."

Get Involved

People eligible for Type1Screen:

- ✦ Aged over 2 years, **AND**
- ✦ Live in Australia, **AND**
- ✦ Have a relative diagnosed with type 1 diabetes
- OR**
- ✦ Have previously had a positive antibody test

Contact Type1Screen via email:
typescreen@mh.com.au

Or scan here:



Clinical trials are the only way to find evidence to bring new immunotherapy treatments to type 1 diabetes care.

Learn more about ongoing clinical trials at the ATIC website.





YOUR ONLINE EXERCISE VILLAGE

Don't like the gym? No problem. There are plenty of options for working out in the comfort of your own living room, says Diabetes WA's CARLY LUFF.

These days there is no shortage of online workouts to try – the challenge is to find one that works for you.

It's OK to sit down and simply watch to begin with, so you can get a feel for what the workout will be like. If you would like more guidance, it might be worth talking to an accredited exercise physiologist or looking at studios near you that also offer online options.

Combining a home workout with outdoor exercise can provide even greater benefits. Aim for at least 30 minutes of aerobic exercise, such as walking, swimming or cycling, on most days of the week. Adding in at least two sessions of strength training can also help to keep you strong and manage your diabetes.

Here are some free, high-quality workouts for all ages, fitness levels and abilities that give you access to exercise physiologists, personal trainers, yoga teachers

and more in the privacy of your own living room – all you need is an internet connection.

Exercise Right

Along with information about how an exercise physiologist can help you, the website features a variety of engaging home workout videos. All taught by accredited exercise physiologists, they range from falls prevention and desk workouts to a 25-minute full body circuit.

exerciseright.com.au/homeworkouts

Strength-based workouts

Lindsay Bomgren is a certified personal trainer and her website, Nourish Move Love, has an impressive range of free workouts for women, including beginner, pregnancy and post-partum options, with a focus on strength training.

nourishmoveandlove.com

Yoga

While not quite the same as a studio, a yoga video can make a good substitute if it's hard to leave the house, or you only have 20 minutes to spare. Many yoga instructors now offer classes online for free – try Yoga with Adriene to see if you like it, and branch out from there.

youtube.com/user/yogawithadriene

Spin classes

If you have a spin bike at home, personal trainer Kayleigh Cohen's free cycling classes are ideal. She also offers strength-training and cardio videos, as well as a post-workout all-body stretch.

kayleighcohen.com

Exercise for over-60s

The ElderfitTV channel on YouTube offers exercises designed specifically for older adults to improve strength, mobility, balance and confidence.

www.youtube.com/@elderfitTV

Virtual Y

Launched during the pandemic, Virtual Y is the online home of Victoria's YMCA. Here you'll find fitness, nutrition and wellbeing programs, aimed at young people looking to learn more about health and wellbeing, but suitable for everyone.

virtually.ymca.org.au

LiveLighter

Along with healthy recipes developed here in West Australia, LiveLighter offers workout plans and videos.

livelighter.com.au/being-active

Type 1 diabetes and exercise

For people living with type 1 diabetes, the timing, type, duration and intensity of exercise can all impact blood glucose levels. Here are some things to consider when exercising:

- Check your BGLs before, during and after physical activity.
- In general, for activities over 30 minutes you may need to adjust your carbohydrate intake or insulin doses to prevent hypoglycaemia. Talk to your health care team for support.
- Stay hydrated before, during and after exercise.
- Avoiding injecting insulin into exercising limbs.
- Avoid exercising if ketones are present in your blood or urine, if you are unwell, or if your BGLs are too low.

Questions about exercise? Get in touch!

The Diabetes WA Clinic supports you to self-manage your diabetes, both online via telehealth and face to face in our Subiaco, Maddington and Port Kennedy locations, with a credentialled diabetes educator, dietitian or exercise physiologist.

Visit diabeteswa.com.au or call (08) 9436 6290.

Why strength training is beneficial for people living with diabetes

Diabetes and heart disease are closely connected. Long-term high blood glucose levels can damage blood vessels and cause arteries to stiffen, increasing the risk of heart attacks. In type 2 diabetes, insulin resistance leads to increased fat in the blood, lowers good cholesterol and raises blood pressure, all of which are harmful to the heart. It's important that people living with diabetes manage their blood glucose, blood pressure and cholesterol to reduce the risk of heart disease.

While aerobic exercises are great for heart health, don't overlook strength or resistance training to improve your circulation and boost your overall wellbeing.

Resistance training involves using weights, resistance bands or your own body weight to build muscle and strength. If you're new to resistance training, it's easy to start with basic bodyweight exercises at home. Simple moves like sit to stands, step-ups and wall push-ups require no equipment and can be done anywhere.

Try to perform 8 to 12 repetitions per exercise and complete 1 to 3 sets for each movement. Allow 1 to 3 minutes of rest between each set to optimise recovery. As your strength builds over time, gradually increase the resistance to continue challenging your body.

Take at least one rest day between workouts targeting the same muscle group to give your muscles time to recover.

When starting a new program, listen to your body and start gradually. If you are new to strength training and are experiencing a heart condition or something else you are concerned about it, it may be worth talking to your GP. If you need guidance, an accredited exercise physiologist can help you to ensure your program is suitable for you.

Dr Melissa Sbaraglia, accredited exercise physiologist



10 FOODS

OUR DIETITIAN ALWAYS HAS IN HER SHOPPING BASKET

Diabetes WA dietitian
Dr CHARLOTTE
ROWLEY shares with
us the 10 foods she
always has on hand
to ensure healthy and
delicious eating.

Rolled oats

My mornings usually start with a bowl of rolled oats. While they are high in carbs, meaning some people may need to watch their portion size, oats are a filling source of energy. They are also high in fibre, in particular beta glucan, which is associated with reduced cholesterol and improved blood glucose and insulin levels. It also helps feed the good bacteria in your gut.

Eggs

Eggs are incredibly versatile, and I will eat them at any time of the day. Fancy breakfast – eggs. Quick

lunch – egg sandwich. Exotic dinner – shakshuka (eggs baked in tomato sauce.) Eggs are also an easy choice if you come home late from work to a bare fridge.

Vegetables

I could have filled this list with vegetables alone! Along with being high in fibre, veggies are packed with vitamins, minerals and antioxidants, which help to protect you from heart disease and stroke.

They are the basis of my food shop at the market on Saturday mornings, where I see what's in season and figure out what to cook from there. If you can't play it

that loose with your meal planning, try to buy at least ten different veggies every week, and keep an eye on what's in season. These veggies will be fresher, easier on your wallet and contain more nutrients.

Tinned tomatoes

So many good meals start with a tin of tomatoes. We always have multiple tins in the pantry for a super-quick bowl of spaghetti bolognese after a busy day.

Tinned beans and legumes

Tinned beans and legumes really are a superfood – cheap, versatile, healthy and packed full of fibre and protein. Mix lentils with your tinned tomatoes and you're halfway to a dhal.

Oily fish

It doesn't matter if you go for fresh, tinned or something in between, fish that is high in healthy fats (such as salmon, herring, mackerel and trout) is great for your cardiovascular system and helps to reduce inflammation, which has been associated with type 2 diabetes.

Nuts and seeds

This is a divisive one as people either can't stop eating them or hate them. Either way, it's sometimes easier to include nuts and seeds in other foods so we aren't tempted to overeat but still get the benefits. Nuts and seeds contain some protein and are also a good source of healthy fats, similar to oily fish. Throw a handful of cashews into a stir fry or curry or scatter some toasted nuts or seeds over a salad. I'm not someone who naturally reaches for nuts to snack on, but I do include chia and flaxseeds with my morning oats.

Good-quality oil

Which oil is healthiest is probably the question I get asked most as a dietitian. I'm a big fan of olive oil (extra virgin and cold pressed, of course), but there are a range of healthy oils that come from seeds or plants, including avocado and pumpkin seed. Choose ones that are high in unsaturated fats and avoid those high in saturated and trans fats.

Greek yoghurt

Whether enjoyed as a snack with fresh fruit or added to your cooking, yoghurt can be used in both sweet and savoury dishes. It's a good source of calcium and contains those probiotic bacteria that are great for your gut health.

Something fun

We eat for enjoyment as well as our health. I make sure I always pick up something that will satisfy my sweet tooth.



DIABETES AND FOOD CHOICES

Are you living with type 1 or type 2 diabetes and want to learn more about healthy eating? Talking to an accredited dietitian will give you individualised dietary advice.

Here at Diabetes WA, we offer in-person and online appointments with accredited dietitians and diabetes educators to support people living with diabetes across Perth and Western Australia.

For more information, visit diabeteswa.com.au, call 1300 001 880 or email bookings@diabeteswa.com.au

CHILLI BEEF

Prep: 10 minutes **Cook:** 4 hours 10 mins
Serves: 6 (as a main meal)

2 tsp olive oil
2 brown onions, chopped
2 garlic cloves, chopped
750g extra-lean beef mince
2 tsp ground coriander
1 tsp ground cinnamon
1 tsp ground cumin
½-1 tsp ground chillies
800g can no-added-salt chopped tomatoes
140g tub no-added-salt tomato paste
1 red capsicum, chopped
2 large zucchini, chopped
400g can no-added-salt kidney beans, rinsed and drained
210g (1 cup) Doongara rice, cooked following packet directions
Fresh coriander leaves, to serve (optional)

- 1 Heat** the oil in a large non-stick frying pan over medium-high heat. Add the onion and garlic and cook, stirring, for 2 minutes. Increase heat to high and add the beef mince. Cook, breaking up with a wooden spoon, for 2-3 minutes or until it just changes colour. Add the coriander, cinnamon, cumin and chillies. Cook, stirring, for 1 minute. Add the chopped tomatoes and tomato paste to the pan. Bring to a simmer.
- 2 Pour** the beef mixture into a slow cooker. Stir in the capsicum, zucchini and beans. Cover and cook on High for 4 hours.
- 3 Serve** the chilli beef with the rice and top with coriander leaves, if you like.



For more great recipes and articles check out the latest issue of Diabetic Living.

Low-carb option

Instead of serving on a bed of rice, serve the beef mixture wrapped in a lower carb wrap, such as Simson's Pantry Low Carb Keto Wraps (use one per serve).



Nutritional info

PER SERVE 1780kJ (426Cal), protein 45g, total fat 14g (sat. fat 5g), carbs 24g, fibre 18g, sodium 303mg
• Carb exchanges 1½
• GI estimate low
• Lower carb



Nutritional info

PER SERVE 1830kJ (438Cal), protein 39g, total fat 9g (sat. fat 4g), carbs 48g, fibre 10g, sodium 131mg
• Carb exchanges 3
• GI estimate low
• Gluten free



CHICKEN CACCIATORE

Prep: 15 minutes **Cook:** 4½ hours
Serves: 4 (as a main meal)

4 large chicken drumsticks, skin removed (650g skinless weight)
2 tbsp plain flour or gluten-free flour
1 tsp olive oil
125ml (½ cup) white wine
125ml (½ cup) salt-reduced chicken stock or gluten-free stock
400g can no-added-salt canned tomatoes
55g (⅓ cup) pitted kalamata olives
1 brown onion, chopped
2 celery sticks, chopped
2 large carrots, chopped
2 garlic cloves, chopped
2 sprigs marjoram
1 bay leaf
1 tbsp balsamic vinegar
1 tbsp brown sugar
3 strips lemon zest
170g dried spiral pasta (or pasta of your choice) or gluten-free legume pasta, cooked, to serve

- 1 Coat** the chicken in the flour, shaking off any excess. Season chicken with freshly ground black pepper. Heat the oil in a large non-stick frying pan over medium-high heat. Add the chicken and cook, turning occasionally, for 3-4 minutes or until browned. Transfer to a slow cooker.
- 2 Add** the wine, stock and tomatoes to the pan. Increase heat to high and bring to the boil. Pour over the chicken in the slow cooker. Add the olives, onion, celery, carrot, garlic, marjoram, bay leaf, vinegar, sugar and lemon. Cover and cook on High for 4 hours.
- 3 Serve** the chicken and sauce with the pasta.



Nutritional info

PER SERVE 2180kJ (522Cal),
protein 39g, total fat 14g
(sat. fat 4g), carbs 51g,
fibre 8g, sodium 579mg
• Carb exchanges 3½
• GI estimate low
• Gluten-free option

Low-carb option

Replace the spiral pasta with 200g Slendier Soy Bean Fettucine, prepared following packet instructions.



Nutritional info

PER SERVE 1800kJ (431Cal),
protein 41g, total fat 15g
(sat. fat 4g), carbs 24g,
fibre 11g, sodium 580mg
• Carb exchanges 1½
• GI estimate low
• Gluten-free option
• Lower carb

PUMPKIN AND FETA MINI FRITTATAS

Prep: 20 minutes **Cook:** 40 minutes
Serves: 6

Olive or canola oil spray
1 leek (white part only), cut lengthways and finely sliced
600g pumpkin, peeled and cut into 1cm cubes
6 eggs, lightly beaten
3/4 cup reduced-fat milk
95g reduced-fat feta cheese
1/3 cup basil leaves, chopped
Small green salad, to serve

- 1 **Preheat** oven to 200°C (180°C fan forced).
- 2 **Spray** a 12-hole, ½-cup capacity muffin pan with oil. Spray a non-stick frying pan with oil and place on medium heat.
- 3 **Add** leek to frying pan and cook for 3 minutes, stirring occasionally, until softened.
- 4 **Add** pumpkin, spray with oil and stir to coat vegetables. Add ½ cup water, cover pan and steam for 10 minutes until just tender.
- 5 **In** a medium-sized jug, whisk together eggs and milk; season with black pepper.
- 6 **Remove** pumpkin mixture from heat and stir through feta and basil.
- 7 **Place** muffin pan on a flat baking tray then spoon pumpkin mixture evenly into 12 holes. Carefully pour over egg mixture to almost fill muffin holes. Bake for 25 minutes, or until firm and golden.
- 8 **Cool** in the pan for 5 minutes before turning on a wire rack.
- 9 **Serve** warm or cold with a green salad.



Nutritional info

PER SERVE 1002 kJ (239 cal), protein 14g, total fat 13g (sat fat 4g), carbs 13g, fibre 5g, sodium 260mg.
• Carb exchanges 1
• GI estimate low
• Gluten free

My approach was to start with STEP ONE

GREG BIRD's first encounter with Diabetes WA was through his local pharmacist, when he went in for health advice and ended up in an ambulance. He shares his experience of getting back on his feet.

"Last October I went into my local pharmacist as I was feeling crook and left in an ambulance. I had been hitting it pretty hard on all fronts, knocking back the booze and not eating a balanced diet. They gave me some medication, but the next day I was still feeling bad, so I went back. This time, the pharmacist called Diabetes WA and was advised to call an ambulance immediately.

I was taken to Midland Hospital before being transferred to Royal Perth Hospital, where I was put in an induced coma for 20 days. Although I had some awareness of what was going on at times, I couldn't talk, and I was hallucinating and delusional.

My kids came to see me and the doctors told them I might not pull through. When I eventually woke up, I learned I'd had pancreatitis and multi-organ failure, and I was also diagnosed with type 2 diabetes. I had seven artery lines coming out of me, including one in my neck. I had lost all my muscle tone, needed a Zimmer frame and had no idea what had happened to me. It was all one long, confused nightmare.

We had to track down my car, because I hadn't seen it since I walked into the chemist, and then my family packed up my flat and

moved me down to Kendenup to be closer to them.

Since getting out of hospital I've done a lot of research into type 2 diabetes and how it relates to diet and lifestyle. My approach was to start with step one, which is keeping a journal of what I'm doing and eating, writing down my meds and how much insulin I've had and monitoring my blood glucose levels over the day. You're never going to remember it all, so if you write it down it's easier to keep track and you can gauge your progress. You do get a bit obsessed.

What I've found most helpful is the regular contact with a diabetes educator, because it means there's some accountability. I can send them my readings to check, and I know when there's a call coming in. This helps to keep me on track, because I don't want to disappoint them or myself. Obviously, they can't be with me 24 hours a day, so I need to help myself, but they have been

there to answer a few things that were confusing me about type 2 diabetes.

The tricky bit is convincing someone to make a small step. And then maintaining that behaviour. Type 2 diabetes is a slow creeper. You might have a mild version and think you can buy some time, but then it catches up with you and it's horrendous and suddenly you have to make huge changes.

For me, changing my diet has made the biggest difference. I was drinking a lot of alcohol and eating a lot of sugar, but now I've given up alcohol and really looked at what I'm eating. It's easier to focus on what you should be eating than what you shouldn't – fresh fruit and veggies are key. It's about slowly nudging in the right direction and watching your intake to keep your blood glucose levels at bay. I just keep it simple and don't eat too much of anything.

Walking has been great for me. I'm now walking up to 3.5 kilometres a day and I can see my blood glucose levels going down after each walk. My insulin dosage is down, my cholesterol is down, my weight is down and my liver is working well again.

I'm in a fortunate position because I love cooking and I like researching, so now I'm learning a lot more through watching health documentaries and researching health and lifestyle online. There's a lot of good information out there.

I'm also slowly getting back to work. I've been in the music industry for 35 years and was in a band called The Magnificent Seven, but I've had my fill of playing live music in the city. I'm building a recording studio down here so I can continue my music production. It's called Reel Ghost Productions because I felt like a ghost when I got out of hospital. I'm also working as disability support worker three times a week in Perth.

Before this happened, I felt like there was so much time in front of me. Now I'm not procrastinating. I think with diabetes you can feel a bit dazed. What I've realised is that once you sort out your blood glucose levels, your mood lifts, you get some clarity in your thinking and you're firing on all fours again.

It's been six months since I got out hospital and I'm feeling pretty good. Avoiding that whole scenario again is enough of a motivator, but it's also about quality of life and being around for my six kids and twelve grandkids. I've been to hell and back and basically come out riding the horse.

From heading into the pharmacist and asking for help to a recent trip to my GP when she told me she's happy with my results and I can now stop the insulin, I'm glad I found the right support when I really needed it."



What is pancreatitis?

Pancreatitis involves inflammation of the pancreas. It can occur quickly over a number of days or take longer to develop. Common signs and symptoms include severe abdominal pain, nausea, vomiting and fever. It can be caused by gallstones, alcohol, autoimmune conditions, genetic disorders and, in rare cases, by diabetes medications.

Return to NG LANDS

In June, KATHY HUET and the Aboriginal health team returned to the Ngaanyatjarra Lands to offer mentoring and support to the community members they trained to deliver our DESY program.

Last year, Diabetes WA travelled to the NG Lands to teach community members about diabetes. Last month, I returned with Aboriginal health coordinator Sarah Kickett and diabetes educator Nyaree Lawler to continue mentoring those we'd met nine months earlier, who were now sharing knowledge about diabetes within the community.

The Ngaanyatjarra Lands are in the central desert region of Western Australia, so it was a long journey by plane to get there, flying from Perth to Leonora, stopping to refuel, and then continuing to Warburton. It always takes a bit of time to build trust, and there's a language barrier to consider. The predominant language spoken is Ngaanyatjarra, though in some places people speak Western Desert dialects of Pitjantjatjara and Pintupi as well as English, so one of

our central questions is how to best get the content across.

It was much colder this time around – only two or three degrees at night. We thought we'd have about ten people, but a lot more community members turned up than we were expecting. We were happy to accommodate this, but we did have to modify our delivery to incorporate everyone.

For much of the time we focussed on mentoring and offering support in delivering Diabetes Education and Self-Management Yarning (DESY), both to people we'd trained in the past and new people wanting to be trained.

A key question is how participants will take the information into the community going forward. We cover things like finding support people, what might stop them from getting the information out, and what

solutions they could come up with.

One of the barriers to sharing information about diabetes is the shame factor. People might also feel that getting diabetes is inevitable if a family member has it, and this can create some resistance to thinking about it. Plus, it's a small community and people don't necessarily want to be talking about their health issues in front of lots of people.

Some solutions we came up with to get people talking were starting small – for example talking to your family, and then your wider family. It's never about shoving the information down people's throats, but about starting a conversation.

Claire, the Integrated Chronic Disease Care Coordinator from the NG Health Clinic, was in and out throughout the program. We also worked with Carol, the Chronic Disease Nurse, who identified potential community members to attend and handled all the logistics such as travel, catering and organising the venue.

One idea the participants came up with for sharing information was

to organise a bush trip. The plan was to get people along to talk about healthy bush food such as kangaroo, goanna and witchetty grubs, gather some bush food and do a session out there, with Claire coming along to answer any medical questions. We talked about how they could go about planning the trip, organising transport and

food, spreading the word by putting up signs at the local sports centre and so on, and what barriers might need to be overcome.

On the second last day, one of the women suggested going for a walk after lunch because we'd been talking about how exercising after food can stop your blood glucose from climbing too high. She got

almost everyone walking, which was great to see.

It felt good on the last day – it was so easy, everyone was opening up, talking more and sharing stories and ideas. They were looking forward to the trip out bush and thinking about where it would take place and how it might happen. It was like they took ownership – something just clicked and the room felt calmer and lighter.



“It felt good on the last day – it was so easy, everyone was opening up, talking more and sharing stories and ideas.”

Best of Winter

It might be cold outside but there's still plenty to keep you entertained, from homegrown TV and books to the start of the wildflower season.

TV

The Family Next Door

ABC from Sunday, 10 August 8pm.

Coming to the ABC this winter is a coastal Aussie thriller based on the novel of the same name by bestselling Victorian author Sally Hepworth. This six-part series stars Teresa Palmer as Isabelle, a loner who moves into a seaside cul-de-sac and embarks on a quest to solve a mystery, firing up the rumour mill and disrupting the lives of families around her in the process.

The Family Next Door



The Surfer



The Surfer

Stan

The Surfer is a claustrophobic psychological thriller that explores the near-universal tension between so-called newcomers and local surfing communities who fiercely guard their turf.

It stars Nicholas Cage, who brushed up on his surfing skills for the role and plays a father who returns to Australia from corporate America to buy back his family home and spend time with his son. However, tensions escalate as a group of local surfers make it clear that they have taken ownership of his childhood beach.

Shot here in West Australia on beautiful Yallingup Beach, it's now streaming on Stan.



WILD THINGS

Western Australia is home to more than 12,000 species of flowers, more than half of them found nowhere else in the world, and winter marks the beginning of the state's glorious **wildflower season**. Starting in the Pilbara in June, the display continues across the Goldfields and Coral Coast before Perth and the Swan Valley burst into flower in September, followed by Margaret River in October.

Visit westernaustralia.com for information about seasonal walks and guided tours, including daily volunteer-led walks in Kings Park.

PLAY

The Gospel According to Paul

Perth State Theatre
(23 July to 3 August)

Written and performed by Jonathan Biggins, this one-man comedy show is a compelling depiction of the charismatic and famously acerbic prime minister Paul Keating. A sellout in venues across Australia since its 2019 debut, it's coming to the State Theatre this winter and is a fitting tribute to Australia's most theatrical leader and his legacy.



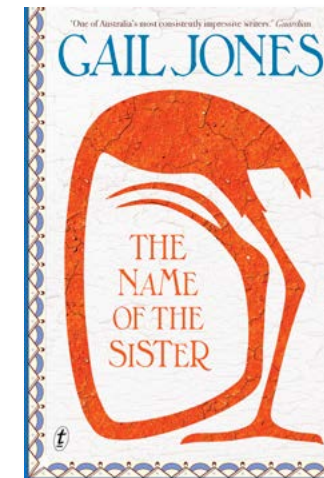
BOOKS

Nightingale

Laura Elvery

(University of Queensland Press)

This debut novel by Queensland short story writer Laura Elvery explores the life of the 'lady of the lamp,' Florence Nightingale, who revolutionised nursing and saved the lives of many soldiers during the Crimean War. It offers glimpses of her life in richly observed detail, right up until her final night in London's Mayfair when Silas, one of the soldiers she cared for, knocks on her door. A beautifully written exploration of an incredible life and the often-unseen challenges and heartbreak of wartime nursing.



The Name of the Sister

Gail Jones

(Text Publishing)

A young woman appears on an outback road at night and stands in the path of an oncoming vehicle. Who is she, and what has happened to her? Angie, a freelance journalist, becomes intrigued by the woman's back story and joins forces with her childhood friend and investigating police officer Bev to try and unravel the mystery of this voiceless woman.

Moving from the bright lights of Sydney to the historic mining town of Broken Hill, this is a riveting literary thriller from acclaimed West Australian author Gail Jones.



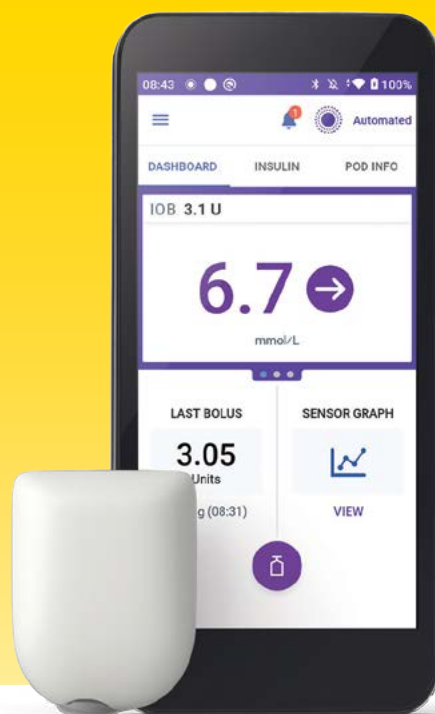


FreeStyle Libre 2 Plus now pairs with the Omnipod® 5 Automated Insulin Delivery System.[^]

Ask your healthcare professional about upgrading today.



Pod shown without necessary adhesive



Not using the Omnipod® 5 System?[^]

FreeStyle Libre 2 Plus is available for ALL Australians with diabetes:

- **Extended 15-day wear time:**
50% longer than other CGMs.*
- **Outstanding accuracy**
Our most accurate sensor.¹
- **Free from IBOA & MBPA**
(common skin allergens).²



Trial now for \$15[±]



FreeStyleLibre.com.au/Trial



ALWAYS FOLLOW THE DIRECTIONS FOR USE. READ THE WARNINGS BEFORE PURCHASE.
Find out more at FreeStyleLibre.com.au

The FreeStyle Libre 2 Plus System is indicated for measuring interstitial fluid glucose levels in people (aged 2+) with diabetes.

1. Alva S. et al. J Diabetes Sci Technol. 2025;0(0). doi:10.1177/19322968251329364. 2. Cichoń M. et al. Int J Mol Sci. 2023; 24(13):10697. [^]The Omnipod 5 Automated Insulin Delivery System is indicated for use by individuals with Type 1 diabetes mellitus in persons 2 years of age and older. For more information, please contact the Insulet Customer Care Team on 1800 954 075. *Compared to other on-market CGMs in Australia. As of Apr 2025. [±]The FreeStyleLibre.com.au '\$15 Trial Offer' is a special offer and is only valid in Australia for a limited time. T&Cs apply.

The sensor housing, FreeStyle, Libre, and related brand marks are marks of Abbott. Information contained herein is for distribution outside of the USA only. Omnipod is a registered trademark of Insulet Corporation and used with permission. Other trademarks are the property of their respective owners. The FreeStyle Libre 2 Plus sensor is authorised to work with the Omnipod 5 Automated Insulin Delivery System. ADC-114164 V1.0

