diabetes matters

A Diabetes WA Magazine **SPRING 2025**

Stepping *forward*

Taking care of your feet
What to eat with gestational diabetes
The latest in diabetes technology
What's on this spring

+ Fresh spring recipes

diabetesWA
by your side

From the Editor

Welcome to the spring issue of *Diabetes Matters*

A change of season is a good excuse to try something new, so our theme for this issue is stepping forward.

To give you some ideas for your next step, we talk to a podiatrist and a shoe seller about choosing the best shoes if you're living with diabetes. We hear about new approaches to gestational diabetes screening, the subject of our recent symposium, and we cover what happens at a Diabetes Type 1 Tech Night for those who want to hear about the latest tech. We learn about what AI means for rural health care, and we've got some spring recipes for you to try.

With that all in mind, some things don't change, and one is that a diabetes diagnosis can bring up a range of emotions. We talk to author Helen Edwards about her latest children's novel, set in a lighthouse, and how she has learned to manage the emotions of living with type 1 diabetes since childhood.

Do you need some help with any aspect of living with diabetes? Diabetes WA is always here for you. And if you have any story suggestions or feedback, please email us at media@diabetes.com.au

Happy reading,

Zoe Deleuil

Editor, Diabetes Matters

diabetes matters spring 2025

Editor Zoe Deleuil

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A word from us

Melanie Gates

Welcome to the spring issue of Diabetes Matters

As the season shifts and we embrace longer days and warmer weather, this issue is all about stepping forward, towards new routines, fresh perspectives and small but meaningful changes. Whether it's trying a new recipe or taking a new approach to exercise, spring reminds us that progress doesn't have to be dramatic to be powerful.

I know I have been taking advantage of the longer evenings and warmer weather to walk my two very noisy small dogs, who are thrilled to have more time to sniff every tree in the neighbourhood. It's a small change in my routine but something that is getting me moving more often and feels great.

Sometimes, the most important step is simply reaching out. If you or someone you care about is living with diabetes, I encourage you to pick up the phone and call Diabetes WA. Our team is here to support you, whether you're navigating a new diagnosis, exploring technology options or just looking for someone to talk to.

In this issue, you'll find stories of innovation and connection. We spotlight our Type 1 Tech Nights, which help people explore the latest in diabetes technology, and we share updates on Diabetes WA Connect, our initiative to build stronger links between people living with diabetes and those who support them.

We also highlight new approaches in Aboriginal and rural health, including AI-powered retinal screening in remote communities and the inspiring work of our team camping on Country to share knowledge face-to-face. These stories reflect our commitment to equity, innovation and cultural safety in diabetes care.

Finally, we turn our attention to gestational diabetes, with insights from our recent symposium and practical advice on what to eat during pregnancy. These conversations - among health professionals and on our helpline - are vital to improving outcomes for mothers and babies across WA.

Thank you for being part of our community. I hope this issue inspires you to take your next step, whatever that may be.

Warm regards,

Melanie Gates

Chief Executive Officer

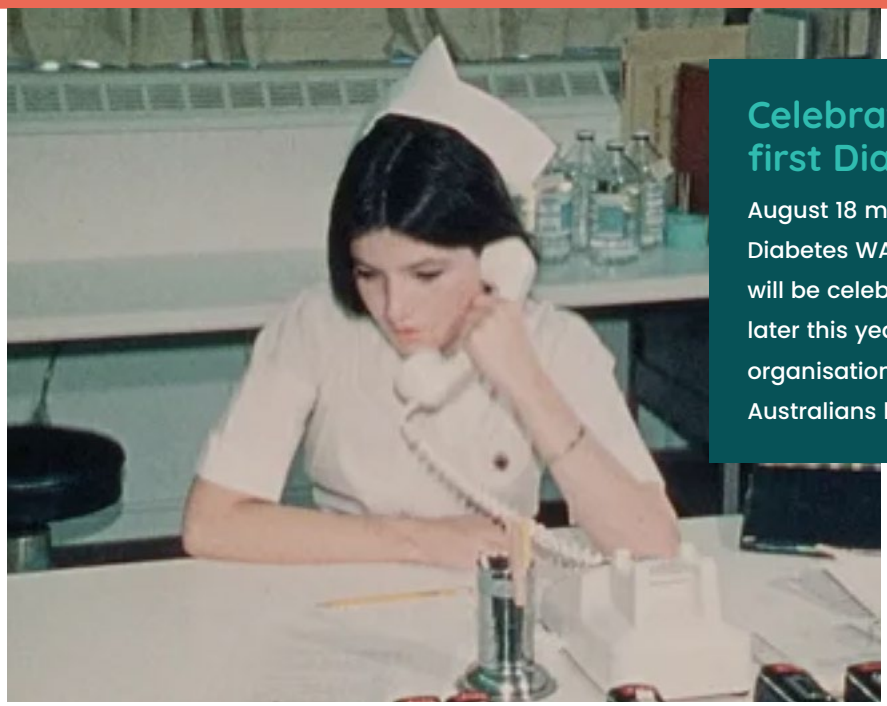
Diabetes WA

Notice of AGM

The Annual General Meeting of the Members of Diabetes WA will be held at our office (Level 3, 322 Hay Street, Subiaco WA 6008) on Wednesday 19 November, 2025 at 5.30pm (AWST.)

To register your attendance, call 1300 001 880 or email agm@diabeteswa.com.au by Monday 17 November, 2025.

WHAT'S NEW IN DIABETES



Celebrating 60 years since the first Diabetes WA meeting

August 18 marked 60 years since the first Diabetes WA meeting was held in Perth. We will be celebrating our 60-year anniversary later this year with more stories about our organisation's long history of supporting West Australians living with diabetes across the state.

Diabetes WA in the news

With ambulance ramping in the headlines right now, CEO Melanie Gates shared insights with the *West Australian* on how Diabetes WA supports people to live well with diabetes.

"At Diabetes WA we see the difference that community-based support can make every single day," she writes. "When a GP picks up the phone to our Diabetes WA Connect service and speaks directly with an endocrinologist, that's one less referral to a hospital outpatient clinic. When someone living with diabetes calls our helpline because they are confused about their medications or blood glucose levels, we can often prevent a crisis before it starts. Our telehealth service can reach people in every corner of this vast state and help people stay on track with their treatment plans and avoid complications. With smart investment, genuine collaboration and a commitment to prevention as well as treatment, we can build a health system that works better for every West Australian."

Women's Health Week

'Say Yes to You' was the theme for this year's Women's Health Week (1-5 September) and our team was out and about in the community providing information and resources to help women thrive. Special thanks to everyone who invited us to attend events, and all who came up to us for a chat.

A timely conversation about Gestational Diabetes (GDM)

Our symposium for health professionals on August 18 was an inspiring night of conversation and ideas, bringing together colleagues from both Western Australia and the UK to discuss challenges, research and innovations in screening for gestational diabetes mellitus (GDM). See our full report on page 16, along with information about how Diabetes WA supports women with GDM.

Type 1 Tech Night

Our recent Type 1 Tech Night in Wembley was our best-attended yet and a wonderful opportunity for people living with type 1 diabetes to hear from our knowledgeable diabetes educators and company representatives about the latest diabetes technology. We hold these free events regularly – see our story on page 8 and follow us on social media or visit our website to stay informed about future dates.

Diabetes WA Connect in the Southwest

Our Diabetes WA Connect endocrinologist Dr Greg Ong travelled to Augusta in July to meet with colleagues and talk about our service, which links local GPs with Perth-based endocrinologists. He particularly enjoyed the opportunity to find out more about the patients they have supported together.

"I was glad to visit the Southwest and meet so many GP colleagues who are ardent users of our service. We often don't get to know what happens afterwards, and hearing these personal anecdotes gives me great pride that Diabetes WA Connect is a valued and effective resource," he says.

Nyunnga Ku Back to Country Camp

Back in August, our Aboriginal health team, Kathy Huet and Sarah Kickett, along with Carly Luff, our health and integrated services manager, joined the Nyunnga Ku women's cultural camp near Leonora in the Goldfields, an annual event that links the local community with service providers such as Diabetes WA.

Carly says: "Our time at the cultural camp was nothing short of inspiring. It was a beautiful blend of learning, community collaboration and joyful moments with the kids. We connected with other services to strengthen relationships and share knowledge, while the cultural tour offered a powerful journey through Country – rich with stories, traditions and deep respect for the land." Read more on page 30.

WHAT'S NEW

RESEARCH

The **sweet** spot

Sweeteners are something we get asked about a lot on the Diabetes WA helpline. Our dietitian Dr CHARLOTTE ROWLEY looks at the latest research around their impact on our health.

Aspartame, Stevia, sucralose. These familiar brands seem to offer a fantastic option for people looking to reduce sugar intake, but I am often asked if they are safe. Let's look at the evidence.

What are sweeteners?

Commonly used in diet products such as soft drinks, sweeteners are food additives that provide sweetness without high energy content. Natural ones include erythritol or xylitol, while aspartame and sucralose are artificial. Some contain the same number of calories as sucrose, or sugar (4cal/g) but have a sweeter taste, so you use less. Others are naturally low in energy.

Do they affect blood glucose levels?

The simple answer is that they have no impact on blood glucose levels. However, I've had clients tell me their blood glucose levels went up after a sugar-free drink. It's worth checking your own blood glucose levels after consuming sweeteners.

Do they affect the body in other ways? Some studies indicate that some artificial sweeteners can alter the excretion of hormones in the gut. A common impact is an increase in a hormone called GLP-1 (the same pathway that Ozempic works on), which may indicate increased insulin production and improved glucose levels.

However, don't stock up just yet. There is also evidence that artificial sweeteners may affect ghrelin production, a hunger-regulating hormone, and consuming sweeteners may make people feel hungrier.

So, are sweeteners harmful?

A study examining artificial sweeteners in more than 100,000 people indicated an association between a high intake of artificial sweeteners and overall cancer risk. The "high intake" group was consuming an average of 79.43mg/day. To give some perspective, a 355ml can of Diet Coke contains approximately 146mg artificial sweetener, so if you were drinking one per day, you would be part of the "high intake" group.

If you had a Diet Coke once per fortnight, you would be close to the average of the "low intake" group, of 7.62mg/day. This group did not have an increased risk of cancer.

The Joint Expert Committee on Food Additives has set the daily acceptable intake of aspartame at 40mg/kg of body weight. This means for a 60kg person, the maximum recommended intake is no more than 2400mg per day – quite different from the first study!

However, not all sweeteners are the same. The cancer risk in the above study only examined artificial sweeteners, with the highest risk associated with aspartame or acesulfame-K.

One way these sweeteners might affect the body is through the gut microbiome, the collection of bacteria living in your bowels. Health gut bacteria promote good health, while increased "bad" bacteria can lead to poor health outcomes. However, this needs more research.

So, what's the takeaway?

This is an emerging area of nutrition science, and it is likely that we cannot lump all sweeteners together when it comes to health impacts. The World Health Organisation classifies aspartame as a possible carcinogen, so overall it's better to keep your intake of artificial sweeteners at the lower end of the scale and avoid daily intake. They may not affect your blood glucose level, but they may have longer-term impacts we want to avoid.

Stepping **forward**

It's spring here in Western Australia, or Kambarang in the Noongar calendar. Magpies are swooping, wildflowers are blooming and snakes are emerging from hibernation, so there's a lot of life about! For some of us, the warmer weather can inspire us to try something new when it comes to our health and wellbeing. With that in mind, we have stories on choosing new shoes, the latest in diabetes technology, innovative approaches to diabetes care and some delicious spring recipes, along with inspiring stories from people living with diabetes and those who support them.

AI and regional eye care

In Australia's vast and isolated regions, access to healthcare often hinges not on the severity of a person's condition, but on how far they live from the nearest specialist. This distance can mean delays in diagnosis, missed appointments, and preventable loss of sight. But a new approach using artificial intelligence (AI) may be about to change that – starting with the eye. LYNN LOGANATHAN from Rural Health West reports.

Lions Outback Vision has been conducting real-world implementation of AI-enabled retinal screening that's been hailed as a breakthrough in rural healthcare. Validated through research at Derbarl Yerrigan Health Services and in the Pilbara to detect diabetic retinopathy (DR), the tool is proving its value not only in streamlining access to eye care, but in redefining the role AI may have in delivering equitable healthcare for rural and remote communities.

"We're not just talking about screening eyes," said Lions Outback Vision McCusker Director, Professor Angus Turner. "We're talking about screening for signs of systemic disease, earlier and more accurately, in communities that have traditionally been left behind."

Why diabetic retinopathy matters

Diabetic retinopathy is one of the leading causes of preventable blindness in Australia. Yet despite how treatable it is, many cases go undetected until significant and irreversible damage has occurred – particularly among Aboriginal and Torres Strait Islander peoples.

"About 98 per cent of blindness caused by diabetic retinopathy is preventable," Angus notes. "But too few people are being screened, especially in rural and remote communities."

Unlike countries such as the United Kingdom, Australia has no national screening program for diabetic retinopathy. While there are Medicare item numbers for general practitioners to conduct diabetic retinopathy screening (Item 12325 for Aboriginal and Torres Strait Islander patients and Item 12326 for non-Aboriginal patients), uptake has been minimal – with only around 8,000 claims made since its introduction over nine years ago. The majority of those claims have occurred in Western Australia, thanks to targeted promotion efforts by the Lions Outback Vision team.

A smarter, faster path to diagnosis

The AI-powered screening tool developed by Lions Outback Vision addresses two critical barriers: time and continuity of care. Traditionally, diabetic retinopathy screening involves capturing retinal images and sending them to an ophthalmologist for review – a process that can take weeks. In transient populations, or where follow-up is difficult, this delay often results in patients missing out on vital next steps.

With the new system, the AI algorithm analyses retinal images on the spot, providing a near-instant result back to the clinician. The clinician can then engage a specialist via telehealth to speak directly with the patient and guide further care – all in one appointment. "This is really about collapsing the care pathway," said Angus. "It's practical, scalable and culturally safer – and in remote areas, that makes all the difference."

Training AI to work for everyone

Selecting the right AI platform was critical. Some of the AI systems researched in clinics by Lions Outback Vision showed poor accuracy when used with Aboriginal patients – a clear example of how ethnic bias can creep into machine learning tools if datasets lack diversity.

The team ultimately selected a platform developed by Google, which used self-supervised learning to significantly improve its specificity and accuracy – achieving 97 to 99 per cent accuracy when benchmarked against human ophthalmologists. Thousands of scans were manually reviewed and compared to AI-generated results, ensuring high standards of safety and reliability.

"Bias in AI is a real issue, especially in healthcare," Angus explained. "We needed a system that works just as well for Aboriginal patients as anyone else. That's non-negotiable."

The eye as a window to health

What makes this innovation particularly exciting is its broader potential, with retinal imaging able to detect early signs of other systemic diseases, such as hypertension, stroke and neurodegenerative conditions. "There's a saying that the eye is a window to the body – and that's quite literal. We can see blood vessels, nerve layers and other structures that reflect what's happening in the brain, heart and vascular system."

Lions Outback Vision's research underway is already helping reframe eye health as part of a more holistic model of care – one that links vision with chronic disease management, health promotion, and digital health infrastructure.

The idea is deceptively simple. Trained non-specialists, such as Aboriginal Health Workers or nurses in remote clinics, use the AI tool to scan a patient's eye. The images are instantly analysed by the software, which flags any concerns and recommends further investigation or treatment. No specialist needs to be on-site. No days off work or long trips to the city are required. In minutes, the patient has access to a non-invasive and immediate screening that may help catch disease early – often before symptoms appear.

AI as an equaliser

The success of Lions Outback Vision highlights a broader promise; AI may serve as a crucial workforce multiplier, enhancing the reach and capability of health professionals in the regions. For Aboriginal communities in particular, who face higher rates of chronic disease and poorer health outcomes, the ability to provide early intervention in a culturally safe, local setting could be life changing.

"Ultimately, we see this as a tool that strengthens local primary care," said Angus. "It enables more proactive, preventative healthcare, and it empowers local providers with real-time decision-making support."

Imagine AI-supported triage in emergency departments where staffing is thin. Picture smart diagnostic tools assisting midwives or community nurses to make more confident calls in isolated towns. Think of wearable tech that flags early signs of health deterioration and alerts clinicians before an adverse event occurs. These aren't futuristic dreams – they're real possibilities, some already in development.

Crucially, AI can also support health equity by standardising care. "Whether you live in Karratha or Kalgoorlie, in Fitzroy Crossing or Fremantle, a well-trained AI system offers the same standard of diagnostic support. That's a powerful tool for overcoming health disparities."

Integrating AI into healthcare

Of course, technology alone can't solve everything. The real test lies ahead; embedding the model sustainably into rural and remote healthcare systems. Firstly, the regulatory steps for implementation of new software as a medical device need to be undertaken.

Feedback from primary care has been clear that the use of the AI needs to integrate with existing electronic medical record workflow, as well as needing a sustainable business case for the capital purchase and operation of the camera. In addition, building trust in new tools – especially in communities that have experienced decades of systemic health inequities – requires deep cultural engagement, local partnerships and ongoing education.

The team continues to work closely with Aboriginal Medical Services, regional GPs and outreach clinics to support adoption, training and integration. They also hope to see broader awareness among GPs about the MBS items for diabetic retinopathy screening, and long-term support for wider rollout of AI-enabled tools. This is not just about a single piece of technology – it's about making high-quality, preventative healthcare accessible no matter where you live.

As Angus puts it: "If we can diagnose vision loss early, prevent blindness and spot other risks while we're at it – then we're not just improving outcomes, we're transforming the model of care."

Sign up to Keepsight to protect your eyes

KeepSight is a free diabetes eye check reminder program that makes it easier to take care of your eye health.

Register at **keepsight.org.au** and you'll receive a reminder to make an appointment for an eye check.

Your healthcare provider can also sign you up.

DO YOU WANT TO LEARN MORE about the latest tech?

Diabetes technology is a big commitment. If you want to choose the most suitable model of CGM, smart insulin pen or insulin pump for your lifestyle and budget, come along to one of our Type 1 Tech Nights, says ZOE DELEUIL

Our diabetes educators support people with all types of diabetes on the helpline and in the clinic. They can explain how the latest tech works and the differences between models to help you decide the right one for you.

Another way to get informed is at one of our regular Type 1 Tech Nights. You can meet our team, hear about the different options and feel more confident about choosing the most suitable tech for your health needs and lifestyle.

We can answer questions about funding, health insurance and next steps, and you can talk directly with tech company representatives who join us on the night and see the various devices for yourself. Here's an overview of what you can expect.

How to choose the right continuous glucose monitor

At a recent Type 1 Tech Night, diabetes educator Tara Savage gave an overview of continuous glucose monitors, or CGMs.

First up was an explanation of how a CGM works – where the sensor sits on the skin, what data it captures and what extra information it provides that you can use to improve your diabetes management, such as an option to make diary notes within the linked app.

Tara then gave an overview of the TGA-approved and NDSS-subsidised CGMs and the questions to ask when choosing one, including:

- Is your phone compatible with the one you want to try?
- How often do you need to change the sensor?
- How often does the system give you the data?
- Is it compatible with an insulin pump?
- How easy is it to insert?
- Can you overtape if you need to, for sport etc?
- What alarms are available?
- What is the warm-up period?

Smart pens

Tara also covered smart insulin pens, which can track and log insulin doses, explaining which devices these are compatible with and how to access them.

The latest in insulin pump technology

Insulin pumps are now more user-friendly, with 35% of people living with type 1 diabetes in Western Australian currently using one.

Diabetes educator Narelle Lampard explained that while they are not fully automated, they are getting lighter and smarter to mirror the work of a pancreas, and can reduce the burden of managing diabetes.

"Current pumps are hybrid closed loop, meaning you do still have to interact with the pump by telling it how many grams of carbohydrate you are having and administering insulin with meals for the best management of your blood glucose levels," she said.

"In people without type 1 diabetes, when we eat our blood glucose levels rise, and the pancreas is triggered to release a burst of insulin. A pump emulates that process, working alongside a CGM and app to help you manage your diabetes."

"Starting on a pump can be stressful, but it gets easier, and most people find they love having a pump and wouldn't go back. But it doesn't have to be for life. You can start, see how you like it, and go back to injections if you want. It's about managing your diabetes your way, how you want to."

Can I afford an insulin pump?

This is, understandably, a common question. Insulin pumps are expensive, and most people use their private health insurance, often with a waiting period, although there are also early access schemes where you can 'borrow' a pump until your health fund covers the cost. As well as the device, there are ongoing consumables to budget for, such as reservoirs and cartridges, which do have NDSS subsidies.

There are other options through both private and public providers, and Diabetes WA can help you navigate this process. A key benefit of our Tech Nights is that you can meet with representatives from the companies – Abbott, AMSL/Dexcom, Medtronic, Insulet and YpsoMed - and chat, ask questions and see the products for yourself.

There are many things to consider when choosing a pump. Some common questions include:

- Tubed versus tubeless?
- Are the apps compatible with your phone and current CGM?
- Batteries versus charging?
- Do you give an insulin bolus via a phone app, separate controller device or directly on the pump?
- How big is the reservoir?
- What consumables (infusion sets/pods) does it use?
- What is the pump's size and weight?
- Is it easy to navigate? Touch screen versus push button?
- Is it waterproof?
- How does the algorithm work when calculating blood glucose targets?
- Does it have special features, for example sleep mode, activity mode or a custom food list?
- What technical assistance is available? What ongoing help can you get from the company?

Where to from here?

Often, coming to one of our Tech Nights is part of a longer process of deciding how to self-manage your diabetes, and if technology will be part of that for you.

The next step might be an in-person or Telehealth appointment with one of our diabetes educators with experience in pump starts.

We can help you with the necessary paperwork for funding, as well as education and support getting used to the new technology.

Going forward, we can help you with insulin adjustment advice, carb counting and tech upgrades.

Any questions? Call our helpline on 1300 001 880 - we are always here to answer your questions around the latest technology.

Follow us on social media or sign up to our T1DE newsletter to find out when our next Type 1 Tech Night is happening – hope to see you there!

MAKE A CONNECTION

Diabetes WA

Helpline 1300 001 880
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Telehealth (for regional WA)
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telehealth@diabeteswa.com.au
Diabetes WA Clinic *diabeteswa.com.au*

NDSS

NDSS national helpline 1800 637 700
Email *ndss@diabetesaustralia.com.au*
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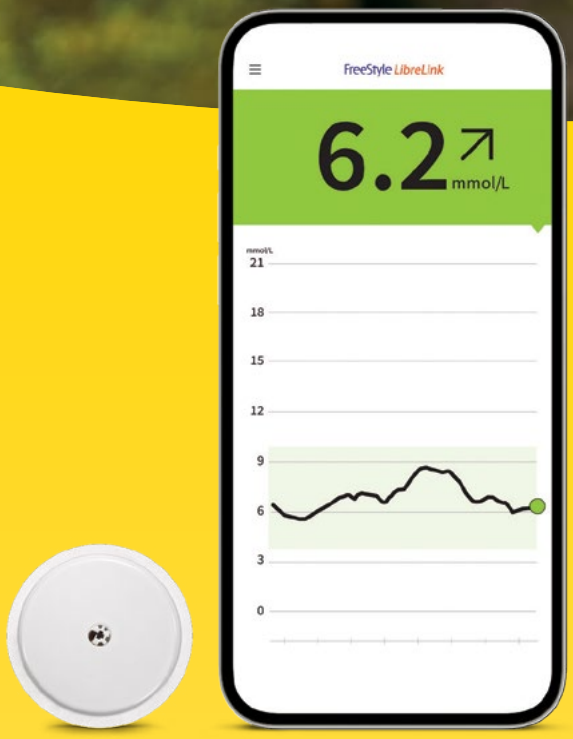
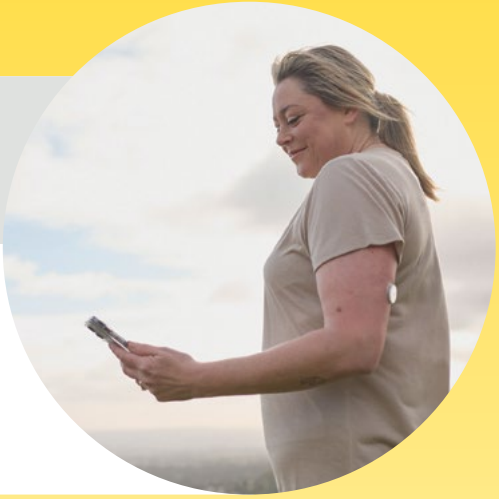


Managing your glucose can be complicated, but this little sensor isn't.

Track real-time glucose levels on your phone, with zero finger pricks.*

For ALL Australians with diabetes

Meet Rachael, who lives with type 2 diabetes



"FreeStyle Libre has helped me manage my glucose levels and live my best life".

"Seeing those results in real-time, it's almost like getting a gold star".

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Libre 2 Plus is subsidised for Australians with type 1 diabetes, through the NDSS (*eligibility criteria applies*).

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Veterans:

Libre 2 Plus is fully subsidised for eligible Veterans through the Department of Veterans' Affairs (DVA), including regular home delivery of sensors.

LEARN MORE ABOUT ALL ACCESS OPTIONS:

FreeStyleLibre.com.au/How-To-Access

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.

*Finger pricks are required if your glucose readings and alarms do not match symptoms or expectations. †Data based on the number of users worldwide for FreeStyle Libre family of personal CGMs compared to the number of users for other leading personal CGM brands and based on CGM sales dollars compared to other leading personal CGM brands. ^Available to new customers only. T&Cs apply. ±Percentage saving based on the comparison to purchasing 12 sensors at full price with the average Australian shipping cost of $8.36. Actual discount may be higher or lower depending on the shipping charge to your destination. T&Cs apply. #Based on the daily cost of continuous usage of 12 sensors purchased through a FreeStyleLibre.com.au Subscribe & Save plan, compared to the daily cost of continuous usage of 12 sensors (and transmitters, where applicable) purchased directly from competitor CGM brands in Australia. As of Sep 2025.

Abbott

YOUR CHOICE TO MAKE

Children's book author Dr HELEN EDWARDS has written a historical novel that draws on her own experience of being diagnosed with type 1 diabetes as a child.

I was diagnosed with type 1 diabetes at the start of 1980 when I was twelve years old. I had just finished year seven and was about to start high school, but because I was sent from our small country town to the Adelaide Children's Hospital in the city, I missed the first two weeks of school. You can imagine my anxiety about returning, carrying this new diagnosis with me. My parents were teachers at the local area school, and my loving dad had provided my friends and teachers with some diabetes education. I just wanted to bury it deep and pretend nothing had changed. I felt alone and I felt like a freak.

I was told at diagnosis that unless I maintained perfect 'control' of my diabetes I would probably go blind, lose my legs, end up on dialysis and die early. I was also told I would never have children and if I dared to try, they would be born 'deformed' or stillborn. You can imagine the impact that had on my mental health. Today, I have three amazing sons and my eyes, legs and kidneys are in perfect condition.

Like many people, I experienced feelings of shock, anger, guilt and fear. As an older teen I neglected and rejected my diabetes and its tasks. My mental health suffered, and I began to act in ways that were out of character for me. I am sure I had depression and definitely anxiety. Eventually I made it through school and onto university, but still carried the guilt, anxiety and resentment about diabetes that had plagued me since diagnosis.

In my 46 years of life with type 1 diabetes, I have seen changes in technology from the urine tests and pork insulin of my early days to insulin pumps and CGMs, which have changed mine and so many other people's lives. And yet, the health challenges, ups and downs, fears and emotional impact of life with diabetes remain.

There are real risks in life with type 1 diabetes, and it is a relentless and never-ending condition that often leads to the person who has it feeling like everyone else has moved on with life, and they are left standing there, carrying diabetes alone. Of course, most of us have loving families and support people, but still, it is impossible to truly know the terror of a hypo, or the anger of a high, unless you have lived it yourself.

I am now a successful and happy 58-year-old woman with three beautiful young adult sons and a wonderful husband, doing what I have wanted to do since I was a little girl – writing books. I worked as a social worker for many years and founded Diabetes Counselling Online in 2001, which I ran for 16 years. During this time, I spoke to many people with diabetes and their families and there were some common messages. Diabetes can be lonely. It is frightening. It takes away spontaneity. It isolates you. It can feel like it controls you and not the other way around. And having people around you who truly understand is invaluable.

I have been working as a full-time author for seven years now. In writing my magical historical novel *Legend of the Lighthouse Moon*, where the main character has type 1 diabetes, I wanted to show that despite the changes in technology, many of the emotions of diagnosis and beyond are the same. In the story, set in 1970, main character Mona McKenna has recently been diagnosed with type 1 diabetes. Like me, she lives in the country, in fact she lives in an isolated lighthouse on Kangaroo Island. This means regular trips to the city, just like I had to do, and dealing with the many changes to her life. Around her, her family seemingly get on with their lives after a time, and she is left to deal with the tasks she hates but must do to stay healthy. Her journey to feel comfortable with who she is, diabetes included, is just as important in the story as her journey to discover what has happened to her missing father and to save her beloved lighthouse and the endangered sea lion colony.

I have been using an insulin pump for about 25 years and a CGM for about eight years. It is so different to those early days. I remember that with each change – from urine tests to blood glucose machines (which were enormous and took ages!), to human insulin taken using pens, to smaller and more accurate blood glucose machines and faster insulins, and finally to pumps and CGM – I resisted change. Except for the pump. I took that on very early and have never looked back.

“In writing my magical historical novel Legend of the Lighthouse Moon, where the main character has type 1 diabetes, I wanted to show that despite the changes in technology, many of the emotions of diagnosis and beyond are the same”

But despite the security and improved management that technology offers, it comes with its own challenges. A few times I have considered going back to injections but never took that step. In fact, a recent change of the sets I was using has made an enormous difference to the frustration I was feeling with pumping. I was too scared to use the Dexcom Control-IQ because I didn't want the system making decisions. Since deciding to give it a go, I am annoyed at myself for not doing it sooner.

But those choices were mine to make.

It is always your choice to make.

These are all just tools in the management of type 1 diabetes and how you choose to manage is up to you. Whether you take breaks from different tools, blend them, change them or stick with what you know, is your choice. Whether you use pumps or pens, blood glucose machines, pumps and CGMs with all the bells and whistles, is up to you.

In 1970, in *Legend of the Lighthouse Moon*, Mona McKenna must choose to feel comfortable with her diabetes, to make it part of who she is, and not to fight against it. She must realise that she is herself, even with a dodgy pancreas, even with the need for insulin injections and urine tests and changes to her lifestyle. She is still Mona.

And she is worth loving.

Recently, I have been getting emails about adding the 'bolus from your mobile' update to my pump. I have ignored these. I am happy with where I am at. I don't want to bolus from my phone. I am comfortable with where I'm at and who I am.

Who knows, maybe I will be sitting here in another year, telling you that yes, I am now bolusing from my mobile!

But that will be my choice to make.

www.helenedwardswrites.com

diabetesWA
by your side

WORKSHOPS

+ EVENTS October to December 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-judgemental space where you can plan how you would like to manage your diabetes.

DATES	LOCATION
Tuesday 28 October	Morley
Friday 31 October	Melville
Friday 7 November	Kwinana
Tuesday 11 November	Thornlie
Thursday 20 November	Heathridge
Wednesday 26 November	Midland
Saturday 29 November	Belmont
Tuesday 2 December	Cockburn
Wednesday 3 December	Burns Beach
REGIONAL	
Thursday 13 November	Bunbury
Friday 7 November	Geraldton
Wednesday 19 November	Northam

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.

Living Well with Diabetes

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
Thursday 23 October	Victoria Park
Thursday 13 November	Sorrento
Thursday 27 November	Mount Claremont
REGIONAL	
Friday 14 November	Geraldton

Annual General Meeting

The Annual General Meeting of the Members of Diabetes WA will be held at our office (Level 3, 322 Hay Street, Subiaco WA 6008) on Wednesday 19 November 2025 at 5.30pm (AWST.) To register your attendance, call 1300 001 880 or email agm@diabeteswa.com.au by Monday 17 November 2025.

Community Info Session

DATES	LOCATION
Thursday 13 November	Rockingham
Friday 28 November	Pinjarra
HEALTHY EATING	
Friday 7 November	Midland
Monday 24 November	Midland

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

Diabetes WA regularly attends health and wellbeing events and expos, as well as partnering with others to hold public community info sessions. Registration may be required. Contact **community@diabeteswa.com.au** for more information.

Community Expo

DATE	LOCATION
Have a Go Day	
Wednesday 12 November	Burswood

For more information or to book into any of these workshops, visit diabeteswa.com.au, call 1300 001 880 or email bookings@diabeteswa.com.au

A timely conversation about **GDM screening**

Our symposium for health professionals on gestational diabetes screening continues a vital discussion, writes ZOE DELEUIL.

In line with global trends, gestational diabetes (GDM) is the fastest-rising diabetes in Australia, with cases tripling over the last decade.

Here at Diabetes WA, we are committed to ensuring women are being screened and diagnosed with GDM equally, accurately and at the right time. This ensures that women get the support they need through pregnancy and after delivery, improving the short- and long-term health of both mothers and babies.

To talk about ways of doing this, particularly given the challenges of timely screening in rural and remote areas, Diabetes WA hosted a symposium for health professionals this August.

We were joined by some leading voices in the field, including Professor Claire Meek, Dr Zoe Bradfield, Doctor Emma Jamieson, UWA research fellow Erica Spry, Dr Janet Hornbuckle and Associate Professor Lewis MacKinnon.

From Diabetes WA we heard from CEO Melanie Gates, diabetes educator Tara Stevens and endocrinologist Dr Greg Ong.

The limitations of current GDM screening

Central to the conversation was the effectiveness of the oral glucose tolerance test, or OGTT. This is the standard test for diagnosing gestational diabetes and was designed more than 50 years ago.

According to research, Australian women are increasingly declining the OGTT, a trend mirrored in the UK. In part, it's an issue of equity. Taking a morning to attend the appointment is harder for those with inflexible work schedules, caring responsibilities, transport issues or limited family support. For patients navigating the health system in a second language, or without access to Medicare rebates, barriers are even higher.

"It is a tricky test. There are so many competing interests for a women's time," says Dr Jamieson. "Women must fast overnight, then sit and wait in the clinic for two hours. They may have to organise childcare or time off work. Our original audit showed that half of women in rural and remote WA were not getting the test, and as a result we are likely missing their gestational diabetes."

Not only that, but blood glucose samples are notoriously unstable, which means that, even when women are screened, many gestational diabetes diagnoses are missed due to delays in getting a sample tested.

This is something that Dr Meek also found in a UK study.

"It's been known for some time in clinical biochemistry circles that processing speed and time makes a difference to the amount of glucose in a blood sample. What we didn't know was the extent of those misdiagnoses in real life. I was fully expecting we would be missing some cases of gestational diabetes. I did not expect it to be half."

The impact of a missed diagnosis

A sobering statistic is that women at risk of GDM, but not screened, experienced a 44% greater risk of late stillbirth than those not at risk.

Accurate GDM screening is crucial, not only for the pregnancy but for both mothers' and babies' long-term health. It can pick up gestational diabetes and also identify existing pre-diabetes, undiagnosed type 2 diabetes and early type 1 diabetes.

"We find that women who were not diagnosed but had blood glucose levels consistent with gestational diabetes had a higher (almost 40% rate) of a larger baby," said Dr Meek. "This increased the rate of C-sections, many of which were preventable.

However, if diagnosed in time, women can be supported

to do many things that can improve outcomes, including seeing a dietitian, upping their exercise (particularly after meals), tracking their weight gain and, in some cases, taking insulin or metformin.

The way forward

The symposium is part of an ongoing conversation about where health care providers focus their attention in the future of GDM care. One option on the table is an at-home test, which has already been trialled in some areas of the UK.

Another prominent topic was the 2025 change to the ADIPS (Australian Diabetes in Pregnancy) guidelines, which increased the blood glucose cut-off point for GDM diagnosis. The implications of this, including the need to focus resources on the highest-risk women, were discussed.

"I think the new ADIPS guidelines tread this very fine line between too much and too little testing," said Dr Meeks. "There's now more of a focus on early testing to look for women who are entering pregnancy, who already have high glucose levels, and I think that's really appropriate for the community we have now."

Dr Janet Hornbuckle agreed, observing that the Maternity Dashboard, which tracks all pregnancy outcomes in Western Australian since 2016, indicates that, according to current risk criteria, seven out of eight women will be recommended for an early HbA1c test in pregnancy.

"So we're actually almost doing universal screening on a massive group of women. And by going to early HbA1c screening we'll avoid giving the OGTT to women who don't need one to diagnose their hypoglycaemia in pregnancy," she said.

Also mentioned was the fact that while the researchers look at GDM as a system-wide problem, it's an individual one for women, and building trust and support through pregnancy and beyond is key.

"One area highlighted on the evening was the lack of health professional awareness of the Baby Steps program," say Diabetes WA's Sophie McGough. "Since the symposium, we've had obstetricians and midwives reach out from King Edward Memorial Hospital, and we're already exploring working together on some exciting initiatives to support women postnatally."

Bringing together so many dedicated health professionals under one roof was inspiring for everyone who attended.

"The buzz in the room at the symposium was palpable," said Sophie. "There were so many conversations about potential future collaborations and ideas that people stayed around afterwards networking for over an hour."

> "Accurate GDM screening is crucial, not only for the pregnancy but for both mothers' and babies' long-term health"

SUPPORTING WOMEN AFTER GESTATIONAL DIABETES

Women who have GDM during pregnancy have a higher risk of developing type 2 diabetes later on. In Australia, the Baby Steps online program, offered here through Diabetes WA, is unique in supporting women after GDM to implement lifestyle changes and reduce their risk of developing type 2 diabetes.

This free program empowers women to make lifestyle changes, meet other mums and reduce the risk of developing type 2 diabetes. It offers videos and interactive activities and covers food choices, exercise and managing stress and medications. Visit *diabeteswa.com.au* or call our helpline on 1300 001 880 to find out more.

How Diabetes WA helps women with GDM

If you're living in a regional or rural area of West 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 come to our clinic, either through their GP or self-referral. Your first appointment will focus on self-managing your GDM, and after that we will speak every week over the phone or via email. Anyone in Western Australia can call our free helpline for advice and support from our team with any questions related to diabetes.

Call **1300 001 880** or
email **info@diabeteswa.com.au**

Putting your best foot forward

People living with diabetes are at a greater risk of developing foot problems if blood glucose levels are not well managed. However small actions, such as well-fitted footwear and regular foot health checks, can make a real difference. NATALIE ESCOBAR finds out more.

Each year in Australia, diabetes-related foot complications lead to more than 47,000 hospitalisations. But with the right care and taking steps to look after your feet, many of these complications can be prevented.

How does diabetes affect foot health?

High blood glucose levels over time can cause damage to blood vessels and nerves and changes to the shape of the foot.

Foot problems usually begin gradually: numbness from nerve damage makes it easy to miss a sore or blister; the sore may become infected and, because diabetes slows healing, the infection can quickly worsen. Without early treatment, these issues can develop into serious complications. If there is severe infection or gangrene, then amputation may be necessary to prevent further health issues.

Dr Deborah Schoen, a podiatrist and UWA lecturer with specialist knowledge in high-risk feet, says, "The main risk is nerve damage, or neuropathy; some people notice it, some don't."

What are the early signs to look out for?

While the occasional blister is normal for most of us, for people living with diabetes, these can be the first signs of foot problems.

"Subtle warnings can include blisters, corns, calluses, redness, swelling or a sore that doesn't heal," says Dr Schoen. "They might seem minor, but in someone with diabetes, they can quickly become a much bigger problem if they're not treated early."

She stresses the importance of seeing a podiatrist regularly if you're living with diabetes.

"Prevention is always easier than trying to heal a wound that's already developed. Come and see the podiatrist before you have a problem. Come and see us regularly – once or twice a year – so you don't have problems."

Medicare may provide a rebate on podiatrists' fees if you have a chronic condition and have a GP referral.

Your daily foot routine

Check your feet for cuts, blisters, redness or swelling.

Don't forget to check the soles as most problems start there.

If you can't see the bottoms of your feet, use a full-length mirror or a small extendable mirror (like the ones sold in car shops.)

Wash your feet daily with soap or body wash and warm (not hot) water, including between toes and around toenails to reduce the risk of infection.

Keep skin moisturised to prevent cracks but avoid moisturising between toes.

Trim nails straight across, not too short, to avoid ingrown nails.

Wear well-fitted shoes, suitable for the situation, and avoid going barefoot.

Wear clean socks to prevent skin from chafing (avoid socks with seams).

> "Prevention is always easier than trying to heal a wound that's already developed. Come and see the podiatrist before you have a problem"

Department of Veterans' Affairs Gold Card holders are entitled to free podiatry services from private podiatrists, and many private health funds cover podiatry services.

Choosing the right shoes

Shopping for footwear can be challenging at the best of times. For people with diabetes, there are some extra things to keep in mind. For people with active foot complications it is recommended that they talk to a podiatrist about what to look for in a shoe.

Diabetes can lead to swollen feet and ankles due to fluid retention and poor circulation and can change the shape of the foot. The wrong footwear can aggravate these issues. Shoes that are too narrow or tight may restrict blood flow, while a poor fit can place extra pressure on high-friction areas, leading to blisters, chafing or sores.

In Australia's heat, thongs may seem appealing, but for people with diabetes, they offer very little support and increase the risk of injury. That's why closed, well-fitting shoes are always recommended for both indoors and outdoors.

Craig Whatmore, retail manager at Jim Kidd, has more than 30 years of experience working in footwear. He says that his staff are trained to ensure shoes fit properly and provide the support needed.

"We start by asking how the shoes will be used, any foot issues like swelling, and what the customer wants in terms of comfort," he says. "We measure your feet, check your current shoes for wear patterns and always encourage people to try on two or three different models to find the right fit."

He adds that choosing the right shoe takes time. "You can't just pick one shoe and hope it works; you need to feel how the heel locks in, check cushioning and make sure toes aren't cramped," Craig says. "When you stand, your foot spreads. If it starts to roll over the edge of the sole, that's generally too narrow and can create pressure points."

And, he adds, comfort should be immediate. "Don't buy a shoe hoping it will stretch or soften over time, because that doesn't always happen."

By the end of the visit, people leave not only with shoes that fit but with confidence that their feet are supported, comfortable and safe.

Craig's advice on shoe shopping

Be honest about your needs: Let staff know about any health issues or concerns and be clear about what you're looking for.

Look for a supportive heel. A soft heel won't give your foot the support it needs. People with diabetes can have reduced circulation or nerve sensitivity, so even small pressure points can lead to blisters or sores.

Try multiple models: Feel how the heel locks in, check cushioning and ensure your toes have enough space. Your ideal shoe is lightweight, cushioned and provides solid support from heel to toe.

Try on shoes at the right time: Feet swell throughout the day, so try on shoes in the afternoon, but avoid straight after exercise when swelling is at its peak.

Check for wear: Replace shoes if they no longer feel supportive or if your feet start to feel sore (8 to 12 months for walkers, or 700 kilometres for runners.)

Choose the right socks: Opt for breathable, moisture-wicking socks with padding in the toe and heel areas to minimise friction. Thorlo is a good brand.

Fit matters: Shoes should feel comfortable immediately; don't rely on them stretching over time. Width and fit are the essential elements to keep in mind:

Understand sizing: For extra room across the foot, choose a proper wide style, such as 2E, 4E or 6E, rather than just increasing the shoe size. Remember, sizing up doesn't equal greater width.

Live in the moment

We know that regular physical activity is key to our long-term health. But researchers now say that focussing on the immediate benefits will give us the kickstart we need to actually do it, writes ZOE DELEUIL

We all know the fitness mantra *no pain no gain*. It roughly translates to 'exercise is a deeply unpleasant activity, but may, one day, lead to better health, fitness, or having your body look a certain way.'

Yet for many of us, long-term gain is a vague and intangible concept. And not always compelling enough to make us choose exercise over something more immediately enjoyable and relaxing, such as watching the latest crime series on Netflix with a very tangible bag of Maltesers.

Of course, the lifelong benefits of regular exercise are widely reported, from a reduced risk of type 2 diabetes and dementia to better heart health. We know – in theory – that one day it will all be worth it, but is that enough to get us to our aquarobics class this afternoon after a long day? Or, to put it another way, what twenty-five-year-old is fretting about their cardiovascular function in old age? Ever?

Not only is it hard to feel motivated by the 'health benefits' we may or may not experience on our eightieth birthday, but what do they even mean? How, exactly, will 'improved cardiovascular function' feel when we are seventy? And what will a half-hearted little trot around the park today contribute to that?

In a recent study, researchers found that while 94% of people agreed that physical activity was very beneficial for their health, approximately half of them didn't follow through with action. In other words, we know exercise is good for us – but doing it is another story.

It's no secret that humans are hedonistic and pleasure-seeking creatures. And because of this design feature, many of us are more likely to stick to an exercise routine if we remind ourselves of its short-term benefits and near-instant gratification. It's not that we're lazy, it's simply that it's harder for us to conceptualise the distant future, including the state of our health, so we may as well focus on what the researchers call 'positive affective experience,' or immediate pleasure, when it comes to physical activity.

Positive affective experience might include enjoyment, satisfaction, a better mood, renewed energy and a sense of accomplishment. There's

also the powerful impact of being in a 'flow state', where you are fully engaged in the present rather than worrying about the past or future. And, of course, there are social benefits – talking to another dog owner or chatting with a neighbour when you're outside getting some exercise.

According to researchers, it's these benefits that have the potential to tip the balance in favour of being active over more sedentary alternatives.

And, in more exciting news, researchers now say that 'every move matters.' So don't feel bad about not running a marathon (or not running at all). Even a ten-minute walk around the block makes a difference.

The key is finding an activity that you enjoy, so that it doesn't feel like something you should do, but rather something you want to.

This may mean an after-dinner walk, pottering in the garden, a swim at the beach, a group exercise class or dancing around the living room to Freddie Mercury. If it makes you happy, hitting that recommended 150 minutes of exercise a week (or 30 minutes a day, most days) might even become automatic.

Furthermore, people who have positive feelings about exercise are more likely to believe its health benefits. So, in a roundabout way, focussing on short term rewards makes the long-term impact feel more significant, too.

In short, yes, there are many long-term benefits to being physically active. But going for a walk in the park will make you feel good today, so just enjoy that and (within reason, of course) let the future take care of itself.

Do you want to move more and feel good?

Want some help to reach your fitness goals? Beat It! is a free 8-week group exercise and lifestyle program to help you better manage your diabetes and improve your general health.

This program involves moderate intensity aerobic, strength and balance-based exercises as well as education sessions on healthier living, and is available online and face-to-face.

Beat It is suitable for people living with type 1 and type 2 diabetes.

Visit diabeteswa.com.au/programs for upcoming dates or call our free helpline on 1300 001 880.

7 immediate benefits of exercise.

1. Improved blood glucose levels which you will be able to see however you choose to monitor your levels.

2. Being in a 'flow state' this is the state of mind when you are relaxed and in tune with your surroundings doing something you enjoy.

3. Improved mood and reduced stress levels.

4. Improved energy levels

5. Better sleep getting outside can regulate your body clock, and you sleep more deeply when you're physically tired.

6. Connection to community

7. A vitamin D boost which many Australians are low in.

“I’ve got gestational diabetes – what can I eat?”

Pregnancy is an exciting time, but being diagnosed with gestational diabetes (GDM) can throw a spanner in your plans. If this has happened to you, our dietitian Dr CHARLOTTE ROWLEY has some ideas.

Gestational diabetes is a type of diabetes that occurs during pregnancy and resolves after giving birth. The levels of sugar (glucose) in the blood are higher than they should be, and so one of the most common concerns we get asked on the helpline is “What can I eat?”

Eating when you have GDM

As with all diabetes, the food group that will increase your blood glucose levels will be starch foods and sugary, sweet foods. We call these foods carbohydrates. When these are digested, they are all broken down into simple sugars, called glucose, and this is what enters the bloodstream and is checked when you prick your finger.

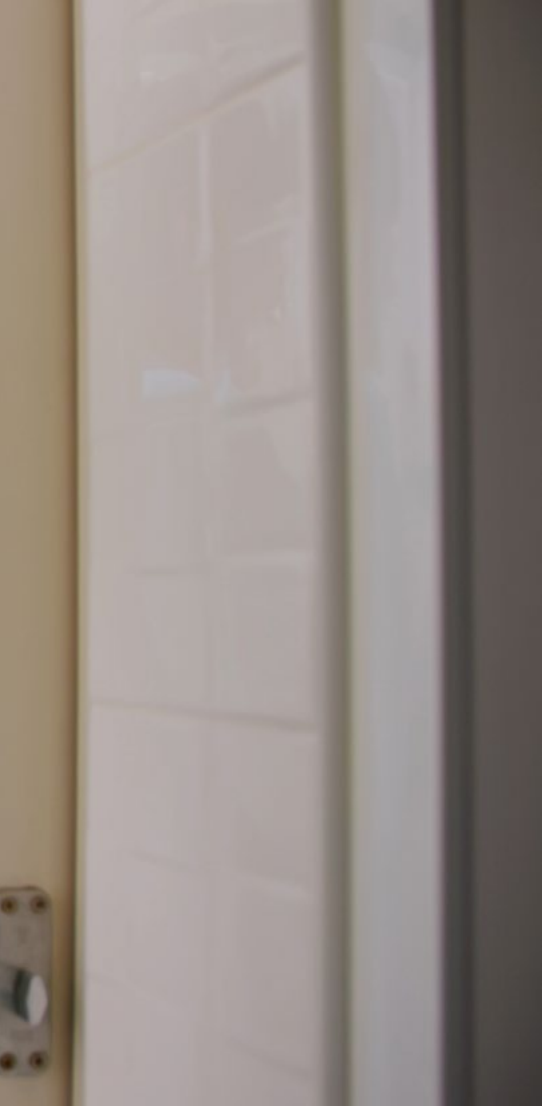
Knowing this, many women assume that they need to completely cut out carbohydrates for the duration of their pregnancy, but this isn’t necessarily true. In fact, there’s limited research on women who restrict carbohydrates during their pregnancy, and the outcomes of this for the baby.

With that in mind, here at Diabetes WA we generally recommend that women continue to include carbohydrates and, with the support of their care team, work out the amount that is suitable for them and their growing baby.

Generally, we recommend eating 30-60 grams of carbs with meals, and 15-30 grams of carbs with snacks. To give you an idea, 1 slice of bread, half a cup of cooked pasta, a third of a cup of cooked rice, most fruits and a glass of milk all contain 15g of carbohydrates. Combining different foods can make up the 30-60g of carbs in a meal.

Not all carbs are created equal

White bread and multigrain bread



> “Having plenty of low-carbohydrate veggies is important as they provide plenty of nutrients to help baby grow and keep you both healthy”

are both carbohydrates, but multigrain bread is more slowly digested by the body, meaning that the glucose will be absorbed more slowly into the blood. This results in more stable blood glucose levels, which are better for you and the baby.

We call this difference the Glycaemic Index (GI). Carbohydrates that are quickly digested and absorbed into the blood are categorised as high GI, and these are the carbs we want to limit.

Foods that are more slowly digested and absorbed are categorised as low GI, and these are the foods we want to include regularly. Remember that this only applies to carbohydrate foods.

Foods that do not contain carbohydrates, such as meat and most vegetables, do not have a GI rating, as they do not have a significant impact on the blood glucose level.

What about the other food groups?

We want to include plenty of plant foods. Of course, you need to be cautious about how much fruit you eat, but it does make a great snack. Having plenty of low-carbohydrate veggies is important as they provide plenty of nutrients to help baby grow and keep you both healthy. They also help to slow down digestion (even further) and help with bowel regularity, which can be a big issue in pregnancy! So, aim for about half a plate of low-carb veggies with every meal (about two handfuls.)

Low-carbohydrate vegetables include tomatoes, cucumber, capsicum, mushrooms, broccoli, cauliflower, zucchini, celery, green beans, avocado, eggplant, lettuce, carrots, onions, beetroot, kale, asparagus, cabbage, bok choy, spinach, rocket, artichoke and leek.

We also want to continue eating meat or other protein sources. This is important as protein provides the nutritional building blocks for growing a baby. Pregnant women have to be careful about some seafood and soft eggs, but otherwise protein should be included with every meal – protein making up approximately a quarter of your plate is a good place to start. Try to buy low-fat cuts or cut the fat off before you cook it.

If you eat plant-based proteins, such as lentils and legumes, it’s important to remember that as well as being a protein source, they are also a source of carbohydrates, so need to be added to your carbohydrate intake.

Lastly, we want to include some dairy foods. Many dairy foods are also sources of carbohydrates, including most milks and yoghurt. When we are pregnant, we need more dairy, so having a glass of milk with breakfast or yoghurt as a snack are great options, and well within your carbohydrate recommendations.

The overall recommendations for eating when pregnant can be found at *eatforhealth.gov.au*.

Do you have any questions about gestational diabetes? Give us a call.

If you are seeking more support with your gestational diabetes, a dietitian can help you understand your individual requirements and support you with managing your blood glucose levels. Call 1300 001 880 or visit our website to find out more.

GRILLED PUMPKIN, ASPARAGUS AND CHICKEN SALAD

Prep 10 minutes **Cook** 25 minutes **Serves** 4

Ingredients

olive or canola oil spray

8 chicken tenderloins

1 garlic clove, crushed

1 lemon, juiced

2 bunches asparagus, ends trimmed

450 g Japanese, Kent or butternut pumpkin, peeled, cut into 5mm thick slices

420 g no-added-salt brown lentils, drained and rinsed

1/3 cup balsamic vinegar

150 g baby spinach or mixed leaves

250g punnet cherry tomatoes, halved

1/2 cup parsley, chopped

Method

1. **Spray** a barbecue, char-grill or griddle with oil, pre-heat to medium-high.
2. **Place** chicken in a small dish with ½ the crushed garlic and lemon juice; stir to coat and set aside to marinate.
3. **Place** asparagus on heated grill and cook for 7 minutes or until lightly charred, turning occasionally. Remove from grill, cut into 5cm pieces then set aside.
4. **Respray** grill and cook pumpkin in batches for 2-3 minutes each side until charred and just tender. Remove from heat, cut into 3cm triangles and set aside.
5. **Respray** grill and cook chicken for 2-3 minutes each side until cooked through.
6. **Combine** lentils, remaining ½ clove crushed garlic and balsamic, in a small bowl.
7. **To serve**, divide spinach or salad leaves, tomatoes, lentils with dressing, asparagus and pumpkin among serving plates.
8. **Sprinkle** with parsley then top with chicken; serve immediately.

Nutritional info

PER SERVE: 1100 kJ (263 Cal), protein 29.7g, total fat 5.7g (sat fat 0.8g), carbs 17.5g, fibre 9.4g, sodium 58.2mg.
• GI estimate low

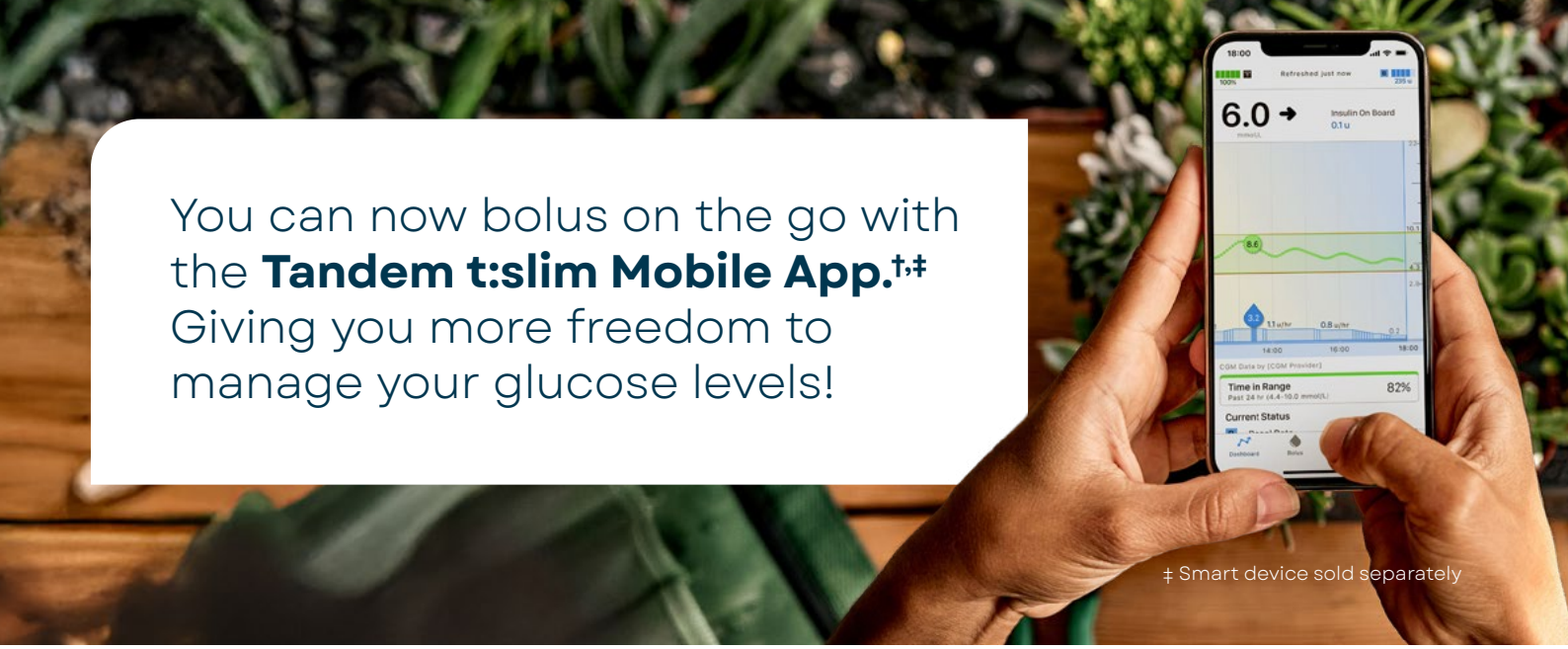
Dietitian's note

As this recipe is very low energy, for some people it might be better as a side dish.

Variations

Add other chargrilled vegetables such as green beans, broccollini, cauliflower, zucchini, eggplant, capsicum or sweet potato. Include other veggies such as sliced red capsicum, cucumber, radish, red onion or semi-sundried tomatoes. Replace lentils with drained no-added-salt cannellini beans, butter beans, chickpeas or four-bean mix.

Adapted with permission from LiveLighter.
LiveLighter® State of Western Australia 2025: www.livelighter.com.au



You can now bolus on the go with the **Tandem t:slim Mobile App.**[†,‡] Giving you more freedom to manage your glucose levels!

By connecting seamlessly to the t:slim X2 insulin pump with Control-IQ technology, the app makes bolusing discreet, fast, and effortless, without needing to touch the pump.

KEY FEATURES

- **Bolus directly from your smartphone**[†,‡]
- **Automatic uploads to the Tandem Source cloud platform**[§] **for easy data review and sharing**
- **View vital pump data on the app: insulin on board, glucose levels, and time-in-range**
- **Powered by the Dexcom G7**[II] **continuous glucose monitoring system for real-time, accurate glucose readings,**[^,1] **with zero fingerpricks***
- **Receive important notifications and alarms straight to your smartphone**[‡]
- **97% of people found the t:slim X2 insulin pump with Control-IQ technology easy to use**[2]

Are you ready to manage your glucose levels with more freedom, convenience, and confidence?

What's more? You can give our t:slim X2 insulin pump a try for two months.**

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TANDEM Diabetes Care

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ALWAYS READ THE LABEL AND FOLLOW THE DIRECTIONS FOR USE. Read the warnings available on amsldiabetes.com.au/resources before purchasing. Consult your healthcare professional to see which product is right for you.

Dexcom G7 is a continuous glucose monitoring system indicated for persons with diabetes mellitus age 2 years and older where self-monitoring of blood glucose (SMBG) is indicated. The t:slim X2 insulin pump is a portable insulin infusion pump, including sterile cartridge, that delivers insulin subcutaneously through a disposable infusion set. The Tandem t:slim Mobile App is an accessory intended for use as a connected software device that is able to reliably and securely communicate with compatible insulin pumps. Tandem Source is a web application intended to support glucose management through the display and analysis of information uploaded from Tandem insulin pumps. *** If your glucose alerts and readings from the device do not match symptoms or expectations, use a blood glucose meter to make diabetes treatment decisions.** † Bolus delivery from the Tandem t:slim mobile app requires a compatible smartphone model and operating system, software version 7.8.1 onwards on the t:slim X2 insulin pump and additional training. ‡ Smart device sold separately. To view a list of compatible devices, visit amsldiabetes.com.au/mobile-compatibility. § Uploads to the Tandem Source platform do not take place in real- time and should not be relied upon by healthcare providers, pump users, or caregivers for remote patient monitoring. II Dexcom G7 CGM sold separately. ^Compared to previous generations of Dexcom systems ** Subject to application approval and certain conditions Reference: 1. Welsh JB, et al. Comparisons of Fifth-, Sixth-, and Seventh-Generation Continuous Glucose Monitoring Systems. J Diabetes Sci Technol. 2024;18(1):143-7. 2. Kudva YC, Laffel LM, et al. Diabetes Technol Ther. 2021;23(10):673-683 PR-100-885 September 2025

SLOW COOKED LAMB SHOULDER

Nutritional info

PER SERVE 2320kJ (555Cal), protein 47g, total fat 26g (sat. fat 9g), carbs 21g, fibre 8g, sodium 308mg

- Carb exchanges 1½
- GI estimate medium
- Gluten-free option
- Lower carb

Prep 15 minutes **Cook** 8 hours **Serves** 6 (as a main)

1.75kg bone-in lamb shoulder, trimmed of fat

2 tsp olive oil, plus 1 tbsp

200ml red wine

2 carrots, roughly chopped

2 brown onions, quartered

2 stalks celery, roughly chopped

2 bay leaves

Few rosemary sprigs

Few thyme sprigs

300ml salt-reduced chicken stock or gluten-free stock

1 cup cabbage leaves, torn

200g English spinach leaves, torn or roughly chopped

800g Zerella Baby Spud Lite Potatoes, cut into chunks, roasted, to serve

220g (1½ cups) green peas, steamed, to serve

1 **Pat** the lamb with paper towel. Rub the lamb all over with 2 tsp oil. Season well with freshly ground black pepper. Heat a large non-stick frying pan over medium heat. Add the lamb and cook, turning occasionally, for 10-12 minutes or until browned all over. Remove the lamb from the pan and set aside. Pour the wine into the pan and cook, stirring, for 1-2 minutes to cook off the alcohol.

2 **Put** the carrots, onions, celery, bay leaves, rosemary and thyme into a slow cooker. Lay the lamb on top. Pour over the stock. Cook on high for 6 hours or low for 8 hours, turning halfway, if you can.

3 **Meanwhile**, heat 1 tbsp oil in a medium saucepan over medium heat. Add the cabbage and cook, stirring occasionally, for 4-5 minutes or until the cabbage wilts. Add the spinach and cook, stirring, for 1-2 minutes or until the spinach wilts. Season with freshly ground black pepper.

4 **Remove** the lamb and set aside to rest. Set a sieve or colander over a bowl and capture the liquid (either discard the vegetables or eat them with the meal – they'll be soft but taste great). Serve the lamb with the cabbage mixture, roast potatoes and peas.

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

SMOKY VEGGIE NACHOS

Prep 5 minutes
Cook 10 minutes
Serves 12 (as starter)

Ingredients

7 soft 100% corn tortillas

1 tbsp olive oil

1 tsp smoked paprika, plus extra, to serve

2 red capsicums, halved and deseeded

420g can no-added-salt black beans, drained and rinsed

bunch flat-leaf parsley, finely chopped

2½ tbsp fat-free natural yoghurt

1 jalapeño, thinly sliced

Salsa

4 green shallots, finely sliced

4 tomatoes, deseeded and finely chopped

1 small avocado, peeled, stoned and chopped

½ small bunch coriander, finely chopped

1 small garlic clove, finely grated

Zest and juice 1 lime

1 tbsp olive oil

1 **Preheat** oven to 160°C (fan-forced). Line 2 large baking trays with non-stick baking paper. Cut each of the tortillas into 8-10 triangles and spread over the lined trays. Drizzle with the oil and sprinkle over the paprika. Bake for 7-8 minutes or until crisp. Set aside to cool.

2 **Preheat** grill to high. Add the capsicums, skin-side up, and cook for 7-10 minutes or until charred and soft. Set aside to cool. Peel off and discard the skins, slice into strips and toss with the beans and parsley.

3 **Meanwhile**, to make the salsa, combine all the ingredients in a bowl. Season with freshly ground black pepper.

4 **Pile** the nachos on a large plate. Top with the bean mix, salsa, yoghurt and jalapeño. Sprinkle over some paprika and serve.

Nutritional info

PER SERVE 689kJ (165Cal), protein 5g, total fat 6g (sat. fat 1g), carbs 21g, fibre 4g, sodium 151mg

- Carb exchanges 1½
- GI estimate low
- Gluten free

Lower-carb Option

Replace the corn tortillas with 7 Simson's Pantry low carb tortillas.

Nutritional info

PER SERVE 639kJ (153Cal), protein 8g, total fat 6g (sat. fat 2g), carbs 10g, fibre 8g, sodium 129mg

- Carb exchanges 1/2
- GI estimate low
- Lower carb

MINTY PEA FRITTERS

Prep: 10 minutes **Cook:** 20 minutes
Serves: 4 (makes 8 fritters)

3 cups (360 g) frozen green peas, thawed
small handful fresh mint leaves, finely chopped
2 eggs
3 garlic cloves, crushed
1/3 cup (80 ml) milk
1/3 cup (50 g) buckwheat flour
2 tablespoons cornflour
¼ teaspoon baking powder
¼ teaspoon sea salt flakes
extra virgin olive oil, for frying

To serve

eggs
2 cups baby spinach leaves

Prep tip – to thaw peas quickly, place into a heatproof jug or bowl and cover with boiling water. Stand for 2 minutes, then drain.

1. **Place** the peas, mint, eggs, garlic, milk, buckwheat flour, cornflour, baking powder and salt into a large mixing bowl. Using a fork, whisk to combine.
2. **Transfer** half the mixture to another bowl. Using a stick blender, blend until smooth (alternatively, you could do this in a blender). Stir the puréed mixture back into the first mixture, evenly combining to make a roughly textured green batter.
3. **Heat** a drizzle of olive oil in a large frying pan over medium-low heat. Add ¼ cup of fritter mixture to the pan. Add 1–2 more lots of mixture, depending on the size of your pan. Cook for about 1½ minutes, until golden underneath. Flip over and cook for a further 1½ minutes, until golden on the other side and cooked through.
4. **Transfer** the fried fritters to a clean plate and repeat to make around 8 fritters.
5. **While** the fritters are cooking, boil eggs and steam spinach.
6. **Serve** the fritters topped with the wilted spinach and sliced boiled eggs. Season with sea salt flakes and freshly ground black pepper to taste.

Images and text from Our Nourishing Week by Sarah Bell (Penguin Books)

Nutritional info

PER SERVING: 718kJ (171 cal), protein 10.5g, total fat 4.2g (1.5g saturated fat),

- carbs 19.2g,
- sodium 106mg.
- Gluten-free.

Camping on COUNTRY

In August, Diabetes WA team members KATHY HUET, SARAH KICKETT and CARLY LUFF travelled to the annual Nyunnga Ku Back to Country Camp. They share their highlights.

The Nyunnga Ku Back to Country camp is a unique gathering that gives Elders, women and children the chance to meet with health providers and other services and get to know each other around a campfire instead of a more formal setting.

The camp was established by Colleen Berry, a Wongutha woman who lives in the remote mining town of Leonora in the Goldfields. Colleen has spent much of her career in community health, work that has showed her the importance of creating opportunities, sharing skills and building connections within a community.

After six years of lobbying, she opened the Leonora community hub, Nyunnga Ku Women's Group. Nyunnga Ku means 'women belonging to' in Kuwarra, one of the local Aboriginal languages, and the hub quickly lived up to its name as a place for women to meet, chat and learn new skills.

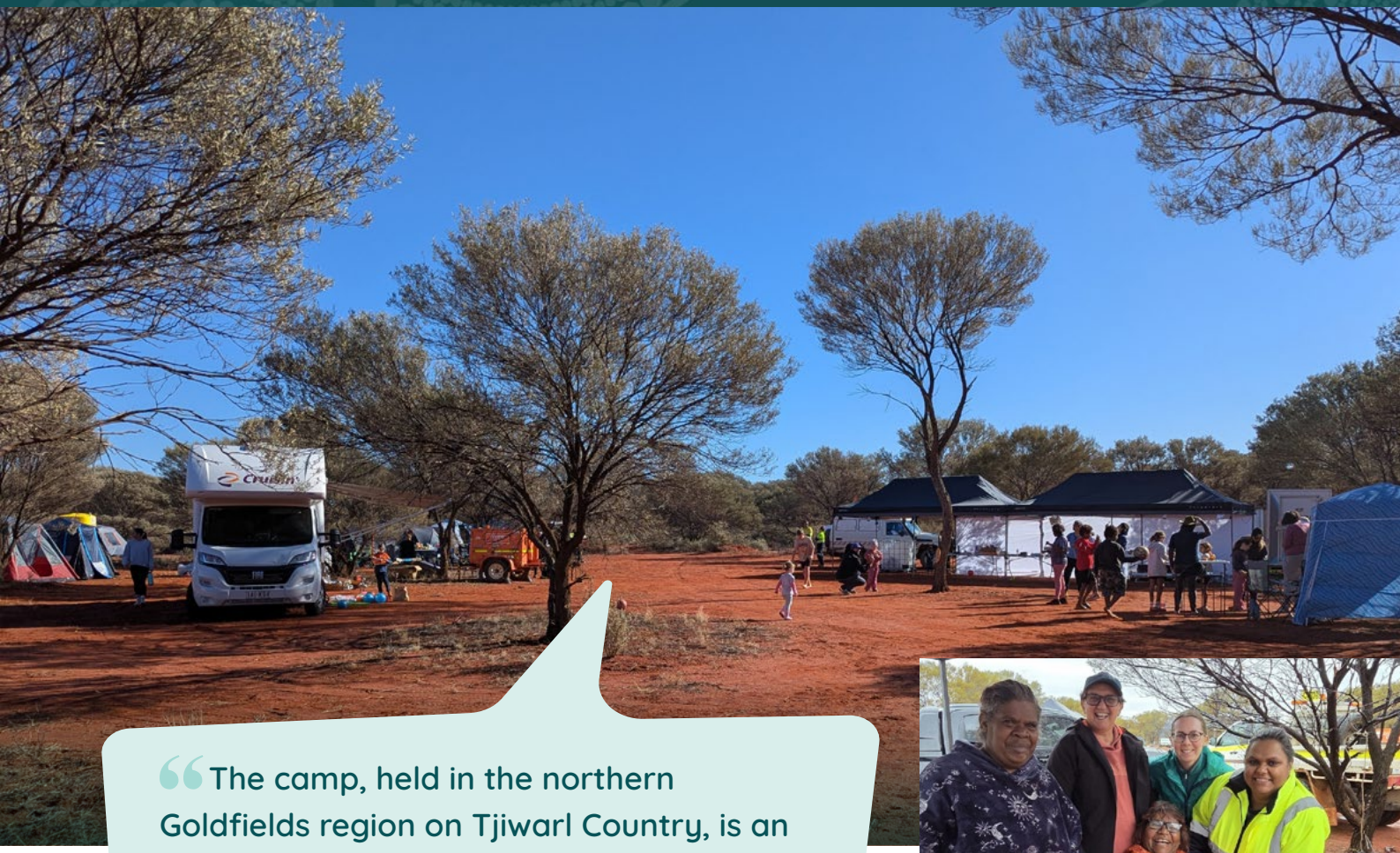
The sewing group became so popular that they soon needed more sewing machines than the five they started with, and from this success came the idea of the camp. In 2020, Coleen and her sister Vicki held the first Back to Country camp.

This year, Diabetes WA was invited along to share information and resources. Like many rural and remote areas, Leonora has limited access to social services. The camp, held in the northern Goldfields region on Tjiwarl Country, is an opportunity to break down the barriers between health and other services and the women who need them; if they do need Diabetes WA one day, they have already made a face-to-face connection.

We arrived at about 4pm after a long journey and found our tent already set up and waiting for us, with comfortable camp beds. Altogether there were about 30 children and adults, a good crowd and not too massive. As soon as we got there, we felt at home – it's just a feeling that comes over you.

We started off in the morning with a Yarning Circle, where everyone could share a bit about themselves and where they were from. We got to talk about Diabetes WA and showed people our resources. Everyone was interested, and next time we'll take along some more things for the kids.

Other activities included a cultural tour to Lake Miranda and a historic cemetery where we paid our respects. We participated in workshops and made traditional bush medicine with maroon bush and connected with other services to strengthen relationships and share knowledge.

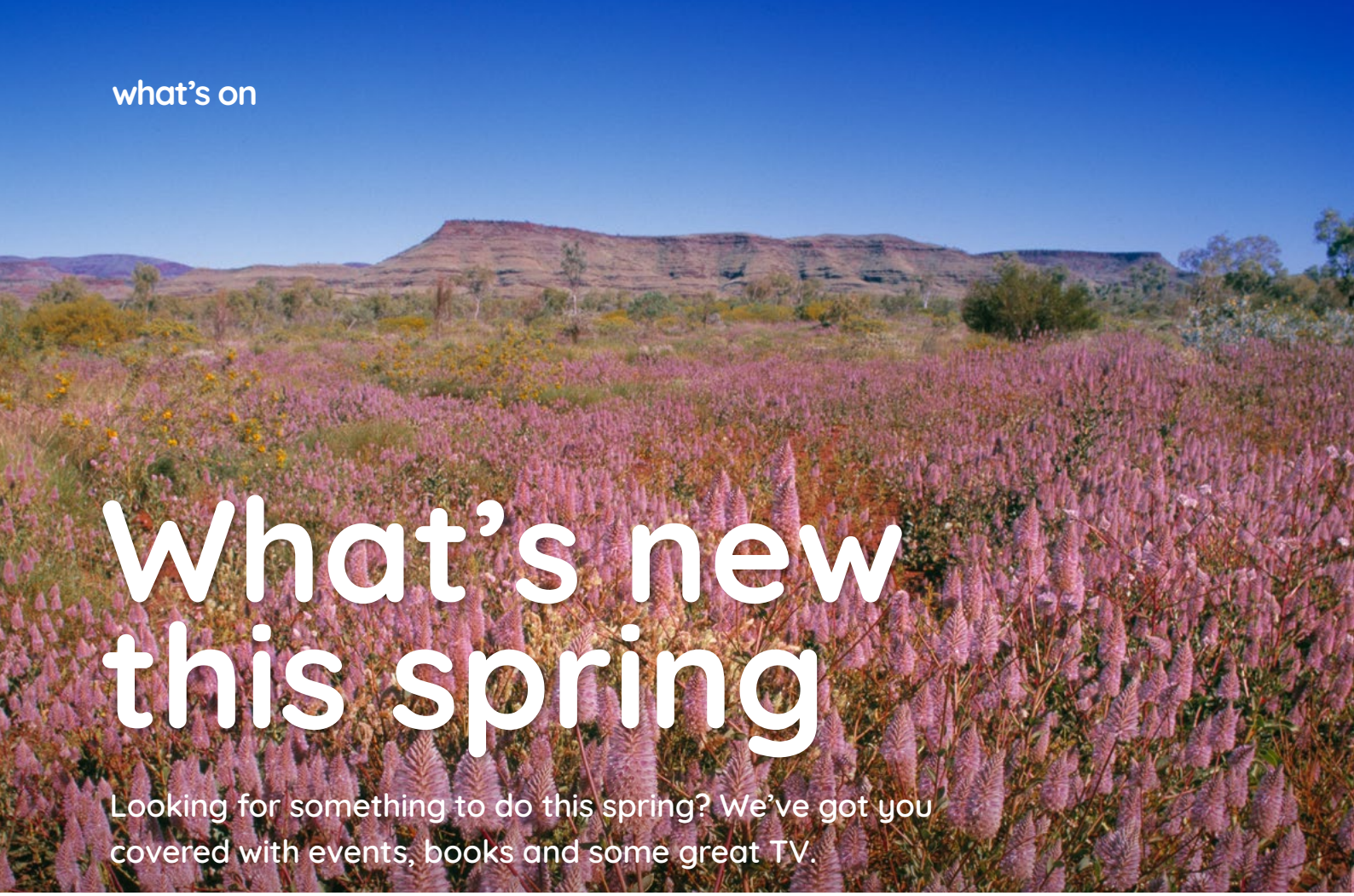


> The camp, held in the northern Goldfields region on Tjiwarl Country, is an opportunity to break down the barriers between health and other services and the women who need them

There was also lots of fun - we played football with the kids, who completely outperformed us and did not give us any special treatment because we were grownups. On Saturday night we did karaoke, and next year we'll know to have a number ready to perform.

Unfortunately, we got rained out so had to leave a day early, but it was a wonderful experience. Some of the highlights were sitting around the campfire and looking up at the stars, talking with the Elders and hearing their stories and playing with the kids, who brought endless energy and laughter. It was a time of healing, fun and unity – a true celebration of culture and community.

A big thank you to Colleen and Vicki from Nyunnga Ku Aboriginal Corporation for inviting Diabetes WA to attend this year, and also a big thank you to Jeremy from Liontown Resources for making this possible.



What's new this spring

Looking for something to do this spring? We've got you covered with events, books and some great TV.

OUT AND ABOUT

Reception This Way

Geraldton Museum, until 26 June, 2026.

Those of us who love a road trip will appreciate *Reception this way: Motels – a sentimental journey*, curated by comedian and mid-century architecture fan Tim Ross. This free exhibition at Geraldton Museum celebrates the retro glory of the humble roadside motel that arrived here in the 1950s and changed our holidays for good. *museum.wa.gov.au*

Friends of Kings Park Plant Sale

Poolgarla Parkland, Kings Park, 2 November, 9am-12.30pm,

Skip the local nursery this spring and head to Kings Park for stunning West Australian plants you won't find anywhere else. Everything on sale is grown by volunteers who will be available for gardening advice on the day, and all proceeds will go to Friends of Kings Park. bgpa.wa.gov.au

PICTURE CREDIT: California Hotel, Hawthorn, Vic, about 1964. NAA: B942, HOTELS – MOTELS & RESTAURANTS [3]

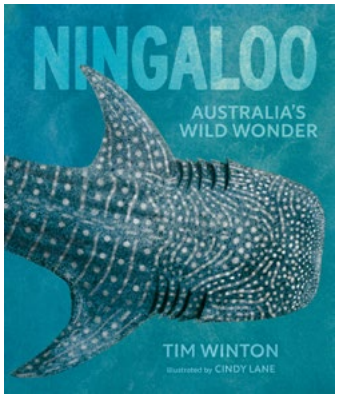
BOOKS

Legend of the Lighthouse Moon *(Riveted Press)*

Helen Edwards

Mona, who lives with her younger brother and grandparents in a lighthouse on Kangaroo Island, is struggling with her type 1 diabetes diagnosis along with the loss of her parents. This children's novel by Adelaide author Helen Edwards is set in the 1970s and combines the emotional journey of a health condition with themes of family, resilience and the ever-present solace of the ocean. A richly imagined adventure story that sees its protagonist move from fear and confusion towards a more hopeful future.

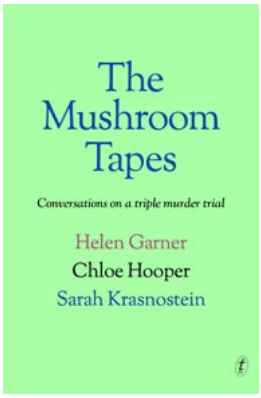
Read our interview with author Helen Edwards on page 12.



Ningaloo – Australia's Wild Wonder *(Fremantle Press)*

Tim Winton and Cindy Lane

Tim Winton's latest offering is a non-fiction picture book celebrating Ningaloo, the World Heritage-listed coastal region that the author has (literally) immersed himself in for more than thirty years. With watercolour illustrations by Cindy Lane, this beautiful book from local publisher Fremantle Press celebrates Ningaloo's coral reefs, mangroves and sea life, including the iconic whale shark, and is sure to educate and inspire a new generation of conservationists.



The Mushroom Tapes: Conversations on a Triple Murder Trial *(Text Publishing)*

Helen Garner, Chloe Hooper, Sarah Krasnostein

The Mushroom Tapes unites three of Australia's best true crime writers to reflect on the trial of notorious convicted murderer Erin Patterson and the intense interest surrounding the case. The writers attended the trial and spent many hours in conversation about the unknowable woman at its centre. This book is the result and will no doubt fuel more debate about both the murders and the ethics of writing about them.

TV

Mother and Son *(ABC)*

Back for a second series and starring Denise Scott as Maggie and Matt Okine as her neurotic stay-at-home son, Arthur, Mother and Son recreates the classic comedy from the 1980s. Fans of the original, which starred Ruth Cracknell and Gary McDonald, along with a new generation of viewers have embraced this contemporary recreation that depicts the relationship between a middle-aged son and his mischievous mother who may – or may not – have dementia.

All Her Fault *(Binge)*

Fans of Succession will appreciate another stellar performance from Sarah Snook who stars in this Melbourne-set thriller alongside Dakota Fanning. All Her Fault is based on a bestselling novel by Andrea Mara and premieres on 6 November on Binge. Snook plays Marrisa Irvine, who arrives to pick up her son from a playdate - only to find he has disappeared and the unfamiliar woman at the door can't tell her where he's gone.

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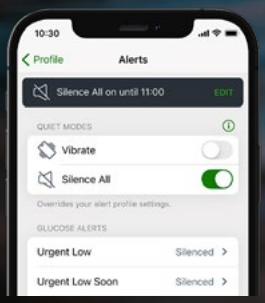

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