



## **Advice on hypoglycaemia ('hypos') and diabetes medication**

**You have been given this information leaflet because you are taking a treatment for diabetes, either insulin or a sulphonylurea (such as gliclazide or glipizide), which can cause low blood sugar levels or hypoglycaemia ('hypo'). A hypo is when the blood sugar (*glucose*) level falls too low. Any blood glucose less than 4.0mmol/L should be treated.**

### **Symptoms**

A hypo can cause many symptoms, and people differ in what they feel, but early symptoms may include:

- Tingling in mouth, tongue or fingers
- Blurred or double vision
- Increased sweating
- Increased anxiety
- Heart beating fast
- Feeling agitated or behaving oddly (*often recognised by other people*)
- Sudden poor concentration
- Slurred speech

## What causes hypos?

A hypo is more likely to occur in the following situations:

- Recent changes in your insulin dose, or type of insulin, or number of injections you have
- Recent changes in your diabetes tablets (*usually to a higher dose*) or other diabetes treatments
- Changes in where you inject your insulin (*injection sites*)
- Missed (or delayed) meals or snacks
- Changes in the sort of meal or snack you are having *i.e. less carbohydrate*
- Changes in activity – more exercise, or unexpected exercise
- Changes in routine – weekends, holidays, parties etc
- Increased alcohol intake, or binge drinking
- Weight change (if you have lost weight recently you may be more sensitive to your diabetes medication/insulin)
- Changes in weather (*more common in hot weather*)
- Problems with the way you are injecting insulin

# How to treat hypos



If you recognise you are having a hypo you should treat immediately with a rapid acting carbohydrate. Suitable treatments are:

- 100ml - 120ml of Lucozade™
  - 150ml - 200ml of **non-diet** fizzy drink
  - 150ml - 200ml of fruit juice (fresh or from concentrate)
  - 4 - 5 GlucoTabs® or 5 - 6 Dextrose® tablets
  - 4 Jelly Babies
  - 2 x 25g tubes of glucogel
- 10 - 15 minutes later you should recheck your blood glucose and if it is still below 4.0mmol/L, you should repeat the rapid acting carbohydrate.
- Don't forget you should also follow this treatment with a longer acting carbohydrate such as a banana, cereal bar or sandwich to prevent hypoglycaemia recurring several hours later.

***If you become unconscious, you will need emergency treatment.***

## Driving and hypos

- You can get the information you need about driving and hypos from your diabetes team or from the DVLA.  
[www.gov.uk/diabetes-driving](http://www.gov.uk/diabetes-driving) and there is useful information available from Diabetes UK [www.diabetes.org.uk](http://www.diabetes.org.uk) or from the Diabetes UK careline 0845 1202960
- You should always carry rapid acting carbohydrates in the car (examples are given above).
- If your diabetes is treated with insulin injections you should check your blood glucose before driving and you should not drive if it is less than 5.0mmol/L. This applies to short journeys as well as long journeys.
- By law, you should report to the DVLA if you have more than one episode of severe disabling hypo (*needing help from another person*) in a 12 month period. This may put your licence at risk; however it is your responsibility to do this.
- There are also separate rules for professional drivers.

[www.gov.uk/diabetes-driving](http://www.gov.uk/diabetes-driving)

This leaflet has been produced by the Diabetes Clinical Study Group of the Eastern Academic Health Science Network (EAHSN) (<http://www.eahsn.org>)  
The EAHSN is working in collaboration with Community Pharmacies and clinical teams to improve healthcare in the East of England.

***If you have any questions regarding any information in this leaflet or need further advice and support, you should contact your usual diabetes team.***