

Here comes the summer!



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Summer is here, which is great news for me because I hate the cold. Summer means holidays for many people, which is great too, but if you have diabetes you do need a bit of extra planning before you set off on that welcome break. Sara Da Costa wrote an excellent article last year looking at the kind of preparation that is required prior to the trip to ensure a fun but safe holiday (Da Costa, 2014). We all know how important it is to plan the trip, including the journey. There are numerous things to consider, including taking sufficient medication, monitoring equipment and hypoglycaemia treatment; making sure there is adequate medical insurance in case of any problems; ensuring the right vaccinations have been given and doing a little research on the destination to check out things like food and temperature. While on holiday, it is essential to take extra care, for example, with appropriate foot care. People with diabetes and neuropathy should be reminded about not walking barefoot on hot tiles or sand.

This year, TREND-UK have produced a Travel leaflet (*Figure 1*) to help people with diabetes prepare for the trip. The new leaflet can be found at www.trend-uk.org.

Summer also brings about the religious period of Ramadan, commencing on the 18th June, when many Muslims in the UK fast during the daylight hours. Fasting during Ramadan is one of the Five Pillars of Islam. It is a time of self-examination and increased religious devotion. It is common to have one meal, known as the suhoor, just before sunrise and an evening meal, known as iftar, after sunset. The Department of Health and Communities in Action produced a guide to healthy fasting during Ramadan, which aims to help people avoid health complications when they fast (Department of Health, 2007). People with medical conditions, such as diabetes are not required to observe Ramadan but many Muslims with diabetes still wish to carry out this religious duty.

There many sources of general information for

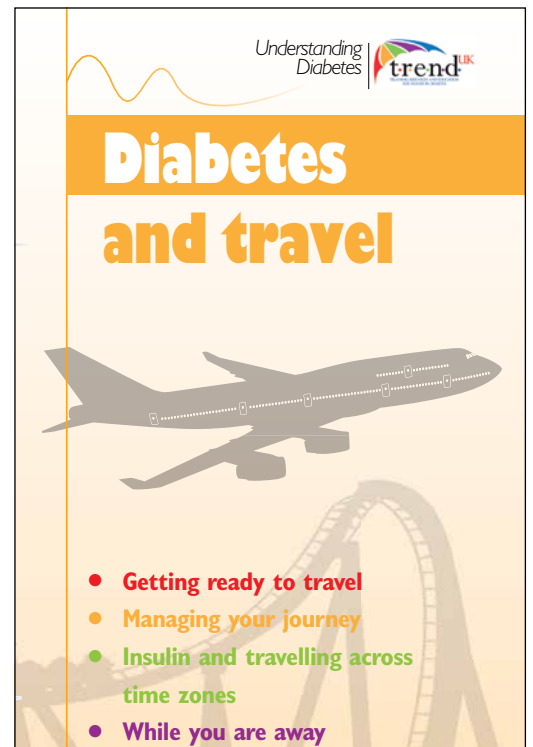


Figure 1. TREND-UK Travel leaflet

people who wish to fast during this time. People who take either sulphonylureas or insulin, or a combination of both, are especially at risk from hypoglycaemia.

It is crucial that these individuals are aware of the signs and symptoms of hypoglycaemia, as well as knowing how to treat it. They should have their medication reviewed prior to Ramadan commencing to reduce the risk of hypoglycaemia.

Ramadan preparation in our clinic includes sending out up-to-date information to all our GP surgeries to alert them to the potential problems. We also visit our local mosques to provide short education sessions after prayers, prior to Ramadan commencing, in an attempt to catch those people with diabetes who have not seen a healthcare professional recently. Avoidance of complications is far more cost effective, especially nowadays as we are conscious of the cost of unplanned admissions. What is your clinic doing? ■

Da Costa S (2014) Diabetes management during trips abroad: Planning ahead to reduce the risks. *Journal of Diabetes Nursing* 18: 260–5
 Department of Health, Communities in Action (2007) *Ramadan health guide*. Available at: <http://bit.ly/1dbDTkE> (accessed 02.06.15)