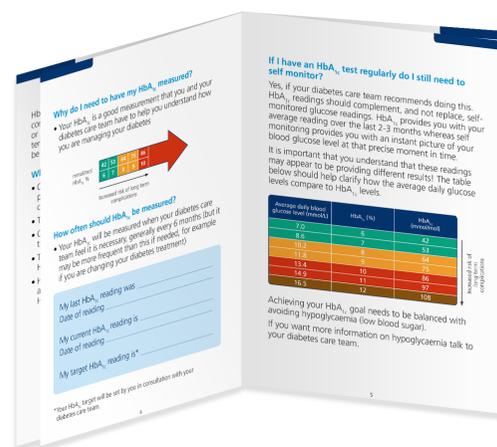


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Novo Nordisk Customer Care
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Call charges may vary, please check with your service provider.

Calls may be monitored for training purposes.
(Office hours 8:00am - 8:00pm week days and Bank Holidays)

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**RAISING HbA_{1c}
AWARENESS**

It is essential that you know how important it is to try to hit your target HbA_{1c} level.

Inadequate blood glucose control which is reflected in elevated HbA_{1c} levels increases the risk of late diabetes complications such as diabetic eye and kidney disease.

Any reduction in HbA_{1c} levels (and therefore, any improvement in control), is considered to have beneficial effects on the onset and progression of complications. For example in type 2 diabetes a 1% decrease in HbA_{1c} has been associated with a decrease in risk by:

37% for kidney and eye disease*

43% amputations and peripheral vascular disease*

21% deaths related to diabetes*

14% heart attacks*

Please write below your plans for reducing your HbA_{1c} to achieve your personal target

Suggested date for next diabetes review

*Figures from UK Prospective Diabetes Study (UKPDS), a large UK study over 20 years looking at the risks associated with type 2 diabetes.

Your average blood glucose level is commonly measured in mmol/mol (millimoles per mol) but occasionally is measured in percentage (%).

It may seem a little confusing at first as you may receive two readings but, don't worry, they mean exactly the same thing! For example:

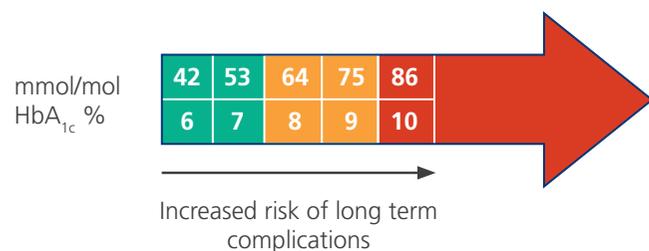
If your HbA_{1c} reading is 7%, you should also be given a second reading of 53 mmol/mol.

Eventually, everyone will be using this way of measuring blood glucose (in mmol/mol) as this is a more consistent and reliable way of making these measurements.



Why do I need to have my HbA_{1c} measured?

- Your HbA_{1c} is a good measurement that you and your diabetes care team have to help you understand how you are managing your diabetes



How often should HbA_{1c} be measured?

- Your HbA_{1c} will be measured when your diabetes care team feel it is necessary, generally every 6 months (but it may be more frequent than this if needed, for example if you are changing your diabetes treatment)

My last HbA_{1c} reading was _____

Date of reading _____

My current HbA_{1c} reading is _____

Date of reading _____

My target HbA_{1c} reading is* _____

*Your HbA_{1c} target will be set by you in consultation with your diabetes care team.

If I have an HbA_{1c} test regularly do I still need to self monitor?

Yes, if your diabetes care team recommends doing this. HbA_{1c} readings should complement, and not replace, self-monitored glucose readings. HbA_{1c} provides you with your average reading over the last 2-3 months whereas self monitoring provides you with an instant picture of your blood glucose level at that precise moment in time.

It is important that you understand that these readings may appear to be providing different results! The table below should help clarify how the average daily glucose levels compare to HbA_{1c} levels.

Average daily blood glucose level (mmol/L)	HbA _{1c} (%)	HbA _{1c} (mmol/mol)
7.0	6	42
8.6	7	53
10.2	8	64
11.8	9	75
13.4	10	86
14.9	11	97
16.5	12	108

Increased risk of long term complications

Achieving your HbA_{1c} goal needs to be balanced with avoiding hypoglycaemia (low blood sugar).

If you want more information on hypoglycaemia talk to your diabetes care team.