



Speaking from Experience *Type 2 Diabetes*

Transcript for chapter 5 of 8: Insulin and medication

Cliff (diagnosed 7 years) and Marcia: Generally, I don't have a problem remembering to take my medication because I take it as a particular part of a routine. Medication is taken immediately after breakfast, and because I set the breakfast table and put medication out there... [Laughs] ...in my serviette ring on the table. I know that's the thing I've got to do after I've finished having breakfast. So...

Cliff and Marcia: And I watch the serviette ring to make sure those little pills have been taken after breakfast.

Cliff and Marcia: That's right. So it's a joint effort.

Bruce (diagnosed 8 years) and Rosemary: With his tablets, it took a little while to work out which were the better tablets to use and when to take them in the 24 hours. He was having half in the morning, a whole one at lunch time and one and a half at night of a particular medication. And that seemed to work well, but what the doctor said, the best thing, probably, was to put him on the long-term ones of the same medication and he has three in the evening now and that works. A lot easier.

Helen (diagnosed 13 years): Sometimes, you do forget when you first start, but it's like anything – it becomes second nature and you just... You know that if you're going to go to a restaurant or somewhere, you take your tablets with you and this sort of thing. You just work your way around it and you just manage it in your own way.

Peter (diagnosed 8 years): When I was diagnosed with diabetes, the um... the first meeting I had with my specialist, he said, "Once your blood sugar's over 8, you're diabetic. Accept it." So I said, "Oh, OK." And he said, "It is a degenerative disease." He said, "Some people will be on insulin within three years, "some maybe eight, others 20, some may never progress to insulin." He said, "It's different for each person," but he said that, "Look, if you go..." He forewarned me right up front. "If you go onto insulin," he said, "actually, you'll find that it's easier to manage," but I was about eight years before I got on to insulin. But it was still, "I don't know whether I want to do this for the rest of my life," and all of that, but... um, again, it's the perception of it more than anything. Um... I don't find it a burden or difficult at all.

Helen: I imagined this great big needle, six inches long, like the flu injection. [Laughs] And it wasn't bad at all. The needle's, um... 8mm, and because I don't like having injections, I was taking 6mm-long needles, which really wasn't enough, but my diabetes educator, she put me onto a little machine that dispenses it very quickly, you know. You don't sort of have to stab yourself, so to speak. The little machine releases it and it's really easy and you don't notice it so much.

Peter: You probably needed to watch your diet a little bit more if you did go and have a big pig-out when your blood sugar would go up and you had no control over it, but with insulin, you have some control over that. But the counter to that is that you've got to be careful that that doesn't become the norm that you go and have a pig-out all the time and just continually



eat your way to a higher dose of insulin. So there's probably a bit of a self-imposed regime there that if I do have a pig-out, I know I have, "Alright, I'll take a bit of insulin." But the next day I'll say, "Well, I'll make sure that "I'm back under control again at the normal levels."

Bruce and Rosemary: But one of the things with diabetes, until people go on medication, they never have a hypo, and hypos can be very scary. You can have the shakes, feeling hot and cold, which is what Bruce was saying before.

Peter: I discerned a pattern on those days that was different. Um... and having known... experienced the first one, I was much better in control to pull myself out of the second one. Having said that, I was quite a distance from any medical help, so I went and got a glycaemic syringe kit that, if anything did happen to me, my partner could inject me.

Cliff and Marcia: In general, I don't have a problem with low sugar levels. I've never actually blacked out due to that. I have to be careful some days. Saturdays, for instance, I volunteer to vacuum the house and I find that often brings my sugar level down low. If I go and check it after I've done that. And, um... Uh, but most days, that's not a problem and I also watch the amount of fruit that I take. That often pushes the sugar level up the other way. So it's a fine line, but overall, it isn't really a problem and I don't notice any negative effects from the medication.

John: I've not experienced any side effects with my medication and, I think, mainly because of my mindset which primarily have been positive about what my body entails at the moment, which I see as a bit of a handicap, and with the exercise and the dieting, I believe that I can override that. And maybe it's a placebo effect, possibly, but the way I see it is, "OK, I've got it. Irrespective of what I have, I'm going to beat this."