**Q&A taken from Win Against Diabetes Booklet**

1. **Q:** What health problems does diabetes cause? **A:** Diabetes, when poorly-controlled, results in multiple complications and it is the leading cause of kidney failure, blindness, limb amputation, heart attack and stroke. Apart from these, diabetes can also negatively affect your eyes also called diabetic eye disease.  
   *Source: Win Against Diabetes Booklet*
2. **Q:** Who is at risk for developing type 2 diabetes? **A:** You are at risk for type 2 diabetes if you:   
   - Have prediabetes  
   - Are overweight  
   - Are not physically active  
   - Have a family history of type 2 diabetes  
   - Have high blood pressure  
   - Have abnormal cholesterol and triglyceride levels  
   - Have gestational diabetes  
   - Have Polycystic ovary syndrome  
   *Source: Win Against Diabetes Booklet*
3. **Q:** What is prediabetes? **A:** Before people develop type 2 diabetes, almost all pass through the prediabetes stage where blood glucose levels are higher than normal, but not high enough to be considered as frank or overt diabetes. Importantly, having prediabetes means you are likely to progress on to diabetes in the near future.Fasting glucose of someone with prediabetes is between 6.1-6.9 mmol/L and 2-hour plasma glucose after oral glucose tolerance test is between 7.8-11.0 mmol/L. There are no clear symptoms of prediabetes and the only reliable method of diagnosis is through blood tests.   
   *Source: Win Against Diabetes Booklet*
4. **Q:** What can I do if I have prediabetes?  
   **A:** You can start with lifestyle changes with modest weight loss of about 5 to 10% of body weight; and doing moderate-intensity physical activity. For example, you can consider going for brisk walking and participating in strength training. Also, remember to eat healthily and sensibly, avoid fad diets, and get adequate sleep and rest.   
   *Source: Win Against Diabetes Booklet*
5. **Q:** What is gestational diabetes **A:** Gestational diabetes is diabetes during pregnancy. Pregnancy increases your risk of developing diabetes because of placenta hormones which in turn increases your body’s glucose levels and resistance to insulin, which is important for controlling of blood glucose.  
   *Source: Win Against Diabetes Booklet*
6. **Q:** When does gestational diabetes usually starts and disappears?   
   **A:** Gestational diabetes usually starts in the second or third trimester and usually disappears after delivery.   
   *Source: Win Against Diabetes Booklet*
7. **Q:** What are the risk factors for developing gestational diabetes?  
   **A:** If you satisfy any of the below, you are at a higher risk of developing gestational diabetes (GDM):  
   1. A BMI of 23 kg/m2 and above  
   2. First-degree relatives (parents, siblings or children) with diabetes   
   3. A personal history of GDM, or large babies weighing over 4 kg  
   4. Previous poor pregnancy outcomes that are usually associated with diabetes, such as stillbirth.   
   *Source: Win Against Diabetes Booklet*
8. **Q:** What should my blood sugar be? **A:** The more glucose readings you take, the better it will help you gauge how you are doing. The blood glucose glucose targets given below are a general guide only. Check with you doctor or nurse about your individualised blood glucose targets.   
   Pre-meal levels between 4-8 mmol/L is a good target to aim for, for most people with diabetes. 2 hours post-meal levels of less than 10 mmol/L is a good target to aim for, for most people with diabetes.  
   *Source: Win Against Diabetes Booklet*
9. **Q:** What can I eat if I have diabetes? **A:** People with diabetes do not need to go on a special diet. Rather than a restrictive diet, a diet suitable for diabetes is simply a healthy eating plan that is individualized according to your requirements and lifestyle. You can see a dietician to guide you on dietary changes that can help you control your blood glucose levels and manage your weight. Also, it is important for you to understand how different foods affect your blood glucose levels, especially carbohydrates, since it is the nutrient that has the greatest effect on your blood glucose levels.   
   *Source: Win Against Diabetes Booklet*
10. **Q:** Do I need to follow a low carb diet? **A:** People with diabetes do not need to go on a special diet. However, it is important that you understand how different foods affect your blood glucose levels, especially carbohydrates, since it the nutrient that has the greatest effect on your blood glucose levels. An important step to effective manage diabetes nutrition is to keep track of the amount of carbohydrates you consume by using carbohydrates counting techniques. When choosing the types of carbohydrates, pick starchy carbohydrate such as rice, noodles, pasta, cereals and starchy vegetables such as potatoes as these carbs release glucose into the blood stream at a slower rate compared to sugars, thus promoting a more stable blood glucose level.  
    *Source: Win Against Diabetes Booklet*
11. **Q:** If it is sugar-free, I can eat as much as I want, right? **A:** Foods with ‘Sugar-free’ or ‘No sugar added’ labels do not mean that the food is carbohydrate-free. Carbohydrates is the nutrient that has the greatest effect on your blood glucose levels.  
    *Source: Win Against Diabetes Booklet*
12. **Q:** Do I need to go for annual screening for diabetes complications?  
    **A:** Annual diabetes complication screening is recommended for all individuals with diabetes. Early stage of complications from diabetes can occur without your knowledge. That is why it is important to get yourself screened regularly for diabetes-related complications.   
    *Source: Win Against Diabetes Booklet*
13. **Q:** When should I schedule health care appointments? **A:** Diabetes complication screening is recommended for all individuals with diabetes, at least once a year.   
    *Source: Win Against Diabetes Booklet*
14. **Q:** What are the tests I should sign up for my annual diabetes complication screening?  
    **A:** The annual recommended screening tests for diabetes complications are Eye and Foot screens, Urine protein (Albumin) screen, blood test and Cardiovascular risk assessment.  
    *Source: Win Against Diabetes Booklet*
15. **Q:** How can diabetes affect my eyes? **OR** What is diabetic retinopathy? **A:** Diabetic eye disease (diabetic retinopathy) results from reduced blood flow to the light-sensing nerve layer of the eye (retina). Over time, there is formation of fragile and leaky new blood vessels and nerve layer swelling. These changes can progress to blindness if not identified early or treated. There are two ways diabetes can affect your eyes: 1. Non-proliferative diabetic retinopathy is the early stage of diabetic retinopathy and occure when the blood vessels become affected and start to leak and bleed. At this stage, vision is usually not affected. 2. Proliferative diabetic retinopathy occurs when there is growth of abnormal new blood vessels in the eye and these new vessels can rupture, causing significant bleeding that will lead to loss of vision.   
    *Source: Win Against Diabetes Booklet*
16. **Q:** What puts me at risk of diabetic retinopathy? **OR** What puts me at risk of diabetic eye disease? **A:** All individuals with diabetes are at risk of developing diabetic retinopathy (diabetic eye disease). After 20 years of having diabetes, most people will develop this complication to some degree. However, those who have poorly controlled diabetes are at higher risk of developing diabetes retinopathy earlier and at more sever stages.   
    *Source: Win Against Diabetes Booklet*
17. **Q:** What can I do to protect my eyes if I have diabetes?  
    **A:** There are 3 ways that you can do to protect your eyes:   
    1. Keep your blood glucose levels in check.   
    2. Treating and keeping other medical conditions such as high blood pressure, high cholesterol and heart disease under control.  
    3. Quit smoking and exercising regularly.   
    *Source: Win Against Diabetes Booklet*
18. **Q:** Can I completely prevent diabetic retinopathy?   
    **A:** Although you cannot completely prevent diabetic retinopathy, vision loss can be prevented with early detection.   
    *Source: Win Against Diabetes Booklet*
19. **Q:** Does diabetic retinopathy has any warning signs?  
    **A:** Diabetic retinopathy often has no warning signs, hence it is important to get a comprehensive dilated eye examination or retinal fundus photography annually even if you have no eye symptoms.  
    *Source: Win Against Diabetes Booklet*
20. **Q:** What are the treatments available for diabetic retinopathy? **OR** What are the treatments available diabetic eye disease?  
    **A:** In most cases, laser surgery can prevent significant vision loss associated with diabetic retinopathy. Laser surgery can be performed to seal or destroy growing or leaking blood vessels in the retina.   
    *Source: Win Against Diabetes Booklet*
21. **Q:** What should I do if I develop a gradual blurring of vision or hazy vision?   
    **A:** If you develop these symptom, please see your doctor immediately. Eye checks can be done by taking a photo of the back of your eye, in a process known as retinal photography. If further consultation with an eye specialist is required, you will be referred to one.  
    *Source: Win Against Diabetes Booklet*
22. **Q:** What can I do to control diabetes?  
    **A:** If you have diabetes, the most important thing you can do is control your ABCs: A stands for HbA1c which shows what your average blood glucose has been over the last 3 months. B stands for Blood Pressure and C stands for Cholesterol. By controlling your HbA1c, Blood Pressure and Cholesterol, you lower your risk of suffering from kidney diseases, heart attack and stroke.  
    *Source: Win Against Diabetes Booklet*
23. **Q:** What can increase risk of hypoglycaemia?  
    **A:** If you are on insulin injections or on oral glucose-lowering tablets like sulphonylureas, your risk of hypoglycaemia can be increased. This is in particular if have:   
    1. Performed physical activities (e.g. exercising)   
    2. Missed a meal or eaten less than you usually do for a meal  
    3. Other conditions like renal impairment which can increase your risk of hypoglycaemia from medications.  
    *Source: Win Against Diabetes Booklet*
24. **Q:** Can high blood sugar be caused by skipping meals?  
    **A:** No. However, skipping meals can cause low glucose readings, and you may overcompensate with high glucose foods, resulting in high blood sugar.   
    *Source: Win Against Diabetes Booklet*
25. **Q:** When is the best time to test my blood sugar level?  
    **A:** It is recommended to test blood glucose pre-meals and at bedtime.   
    *Source: Win Against Diabetes Booklet*
26. **Q:** What is the ideal target for my pre-meal blood glucose level?  
    **A:** Pre-meal levels between 4-8 mmol/L is a good target to aim for, for most people with diabetes.  
    *Source: Win Against Diabetes Booklet*
27. **Q:** What is the ideal target for my bedtime blood glucose level?  
    **A:** Bedtime levels between 6-8 mmol/L is a good target to aim for, for most people with diabetes.  
    *Source: Win Against Diabetes Booklet*
28. **Q:** What is the ideal target for my 2 hours post-meal blood glucose level?  
    **A:** 2 hours post-meal levels of less than 10 mmol/L is a good target to aim for, for most people with diabetes.  
    *Source: Win Against Diabetes Booklet*
29. **Q:** What is Continuous Blood Glucose Monitoring?  
    **A:** Continuous Blood Glucose Monitoring samples interstitial glucose levels in your blood every few minutes and all these readings are collated to form glucose trajectory. This will allow a more complete picture of glucose trends and patterns to enable more precise insulin does titration.   
    *Source: Win Against Diabetes Booklet*
30. **Q:** Is Continuous Blood Glucose monitoring helpful for me?  
    **A:** There are benefits to using the Continuous Blood Glucose monitoring system. From the perspective of your healthcare team, it allows them to accurately detect asymptomatic or nocturnal hypoglycaemia and aids in adjustments of your medication and insulin doses, or even make nutritional adjustments. The system also contains alarms which can alert the user if the glucose level is rising or going below a pre-set threshold. IN addition, real-time continuous glucose monitoring may be combined with insulin pump therapy to allow for automated insulin suspension in response to a pre-set glucose level.   
    *Source: Win Against Diabetes Booklet*
31. **Q:** What are the side effects of Metformin?  
    **A:** Nausea and diarrhoea are side effects of metformin, but these side effects usually go away as your body becomes familiar to the medicine.  
    *Source: Win Against Diabetes Booklet*
32. **Q:** What are the side effects of Sulphonylureas?  
    **A:** Potential side effects of Sulphonylureas include hypolycaemia and weight gain.   
    *Source: Win Against Diabetes Booklet*
33. **Q:** What are the side effects of SGLT2 inhibitors?  
    **A:** Side effects of SGLT2 inhibitors may include genital and urinary tract infections and low blood pressure.  
    *Source: Win Against Diabetes Booklet*
34. **Q:** What are the side effects of DPP-4 inhibitors?  
    **A:** Side effects of DPP-4 inhibitors may include flu-like symptoms such as a runny nose, sore throat and headache.   
    *Source: Win Against Diabetes Booklet*
35. **Q:** What are the side effects of Acarbose? **OR** What are the side effects of Glucobay?  
    **A:** Side effects of Acarbose or Glucobay may include diarrhoea and bloating.   
    *Source: Win Against Diabetes Booklet*
36. **Q:** What are the side effects of Thiazolidinediones?  
    **A:** Thiazolidinediones have been linked to weight gain and more serious side effects such as increased risk of heart failure and fractures. Because of these risks, these medications are generally not a first-choice treatment.   
    *Source: Win Against Diabetes Booklet*
37. **Q:** What are the side effects of GLP-1 receptor agonists?  
    **A:** Side effects of GLP-1 receptor agonists may include nausea, vomiting and diarrhoea.  
    *Source: Win Against Diabetes Booklet*
38. **Q:** What are the side effects of insulin?  
    **A:** Side effects of insulin may include hypoglycaemia and weight gain.   
    *Source: Win Against Diabetes Booklet*
39. **Q:** How should I store my insulin pen?  
    **A:** Once your insulin pen is in use, you do not have to keep it in a fridge. Store it at room temperature with a maximum storage temperature of approximately 25-30 Degrees Celsius. Do remember to label each pen with a date on the sticker and discard your used insulin pen 6 weeks after opening.  
    For brand-new insulin pens, store them in the fridge at approximately 2-8 Degrees Celsius. Please do not store insulin pens in the fridge and remember insulin pens from the fridge at least 30 minutes before injecting. Make sure to check the expiry date of insulin pens before injecting.  
    *Source: Win Against Diabetes Booklet*
40. **Q:** Where should I inject insulin?  
    **A:** Best spots to inject insulin are the upper arm and thigh. However, if you inject in the upper arm, use only the outer back area (where there is more fat) and use a shorter needle. If you inject in the thigh, use a shorter needle and avoid using the inner thighs.   
    *Source: Win Against Diabetes Booklet*
41. **Q:** Where should I avoid injecting insulin?  
    **A:** Avoid injecting close to the navel as insulin absorption will not be consistent. Also, avoid injecting close to moles, scars, or hardened areas, or areas that will be exercised soon as exercising increases blood low, which causes insulin to be absorbed at a rate that is faster than usual.  
    *Source: Win Against Diabetes Booklet*
42. **Q:** I think I have hypoglycaemia, what should I do?  
    **A:** If you have hypoglycaemia (blood glucose level less than 4.0 mmol/L), apply the 15/15 Rule. Take 15 g of carbohydrates represented by 4-5 glucose tablets OR 3 teaspoons of sugar with half cup water OR 150ml-200ml of soft drink OR 150ml of fruit juice. After 15 minutes, recheck your blood glucose. If your blood glucose level is still less than 4.0 mmol/L, repeat the previous step, if not proceed to the next step. Next step: If your next meal is more than an hour away, consume a snack containing 15 g of long-acting carbohydrates such as a slice of bread OR 3 pieces of biscuits.   
    *Source: Win Against Diabetes Booklet*
43. **Q:** What to do if I keep experiencing hypoglycaemia?  
    **A:** Check your blood glucose more frequently and treat your hypoglycaemia episodes promptly, and seek early medical attention.   
    *Source: Win Against Diabetes Booklet*

**Q&A taken from HealthXchange SG**

1. **Q:** Is hypoglycaemia dangerous?  
   **A:** Symptoms of hypoglycaemia are unpleasant and may interfere with your daily activities. Serious hypoglycaemia may cause accidents, seizures, coma and death.   
   *Source: HealthXchange SG*[*https://www.healthxchange.sg/diabetes/essential-guide-diabetes/low-blood-glucose-hypoglycemia-treatment*](https://www.healthxchange.sg/diabetes/essential-guide-diabetes/low-blood-glucose-hypoglycemia-treatment)

**Q&A taken from HealthHub**

1. **Q:** Why is carbohydrates important in managing diabetes? **A:** Our body gets energy from carbohydrates. When we eat carbohydrates, it is digested to form glucose. That is why eating too many carbs that can raise your blood glucose quickly can make it hard to control diabetes.   
   *Source: HealthHub*[*https://www.healthhub.sg/live-healthy/1301/carbohydrates-and-diabetes*](https://www.healthhub.sg/live-healthy/1301/carbohydrates-and-diabetes)
2. **Q:** Why are wholegrains good for diabetes?  
   **A:** There is evidence to show that people who include wholegrains in their diet are less likely to get Type 2 diabetes. Though we don’t really know the exact reason why, it is believed that eating wholegrains can help control your blood glucose levels. The fibre in wholegrains take a longer time to digest, leading to a slower and lower spike in your blood glucose levels.   
   *Source: HealthHub  
   https://www.healthhub.sg/live-healthy/1335/why-are-whole-grains-good-for-diabetes*
3. **Q:** Can stress cause high blood sugar?  
   **A:** Stress can affect our lives negatively when poorly managed or when the level of stress is too much for us. It can make you feel exhausted, irritable and impulsive, leading you to make poor lifestyle choices which might in turn make it harder for glycemic control.  
   *Source: HealthHub*[*https://www.healthhub.sg/live-healthy/1440/diabetes-and-stress-problems*](https://www.healthhub.sg/live-healthy/1440/diabetes-and-stress-problems)

**Q&A taken from Harvard School of Public Health website**

1. **Q:** What can I do to prevent diabetes? **OR** What can be done to reduce the risk of diabetes? **A:** Keeping your weight in check, maintaining an active lifestyle and eating a healthy diet can help prevent most cases of type 2 diabetes. The more fatty tissue you have, the more resistant your body is to the action of insulin which helps in moving glucose from your bloodstream into the cells to be used as energy. The more active you are the easier it is to control your weight as glucose is used up as energy when you exercise and makes your cells more sensitive to insulin. A balanced diet consist of less sugar/sugary foods, less fat/fatty foods and less salt/salty foods. Include more high fibre foods by switching to unpolished brown rice, whole grain cereals and breads. Remember to include fresh fruits and vegetables.  
   *Source: Harvard School of Public Health & Win Against Diabetes Booklet*[*https://www.hsph.harvard.edu/nutritionsource/disease-prevention/diabetes-prevention/preventing-diabetes-full-story/#:~:text=Beyond%20individual%20behavior,healthy%20diet%2C%20and%20not%20smoking*](https://www.hsph.harvard.edu/nutritionsource/disease-prevention/diabetes-prevention/preventing-diabetes-full-story/#:~:text=Beyond%20individual%20behavior,healthy%20diet%2C%20and%20not%20smoking)*.*
2. **Q:** What foods contains carbohydrates?  
   **A:** Carbohydrates are found in a wide variety of foods, both healthy and unhealthy foods including but not restricted to bread, beans, milk, popcorn, potatoes, cookies, spaghetti, soft drinks and corn. They also come in many forms with the most common and abundant form being sugars, fibers, and starches.  
   *Source: Harvard School of Public  
   https://www.hsph.harvard.edu/nutritionsource/carbohydrates/#:~:text=What%20are%20carbohydrates%3F,sugars%2C%20fibers%2C%20and%20starches.*

**Q&A taken from Centers for Disease Control and Prevention**

1. **Q:** How will I know if my diabetes medicines are working? **A:** Are your HbA1c, blood pressure and cholesterol levels close to or at your target levels? If yes, then your medicines and efforts are working. Keep up the good work! If the answer is no, then meet your health care team to see if your treatment plan needs to be changed. Be sure to take all of your medicines and blood sugar records when you meet with your care team. Remember to bring all your medicine along when you meet with your care team.   
   *Source: Centers for Disease Control and Prevention.* [*https://www.cdc.gov/diabetes/managing/5-questions-health-care.html*](https://www.cdc.gov/diabetes/managing/5-questions-health-care.html)