



Hypoglycaemia

Hypoglycaemia (also called a hypo), is when your blood glucose level has dropped too low. While hypoglycaemia can be experienced by people taking certain tablets for their diabetes, it is more common in people who inject insulin. It is generally not a problem for people with type 2 diabetes who can manage their diabetes through a healthy eating plan and physical activity alone, however, it is possible.

If you are using the following medications or insulin you need to be aware of the signs and symptoms of hypoglycaemia and how to treat it.

Chemical	Brand Name
Gliclazide	Diamicon, Glyade, Diamicon MR, Nidem
Glibenclamide	Daonil, Semi Daonil, Glimel
Glimepiride	Amaryl, Dimirel
Glipizide	Melizide, Minidiab
Repaglinide	Novonorm

What are the symptoms?

Symptoms of hypoglycaemia vary from person to person, however common feelings are:

- Weakness, trembling or shaking
- Sweating
- Light headedness
- Headache
- Dizziness
- Lack of concentration/behaviour change
- Tearful/crying
- Irritability
- Hunger
- Numbness around the lips and fingers
- Racing heartbeat.

If you feel any of these symptoms, test your blood glucose level if time and circumstances permit. If you are unable to do so, treat as hypoglycaemia.



Treatments for hypoglycaemia

- ½ can regular (not diet) soft drink or
- a small bottle of juice or
- a junior popper or
- 3 teaspoons of sugar or honey or
- 5-7 jelly beans

These are equal to 15 grams of carbohydrate. If you use glucose tablets make sure you read the package to get the right dose.

What next? Depending on the severity of your hypo, your circumstances and what is available to you the following steps are recommended. Eat your next meal if it is due in the next 20 minutes, as you will need some longer acting carbohydrates to keep your BGL from falling again. Otherwise suggested choices are:

- a piece of fruit or
- 1 glass of milk or soy milk or
- a sandwich or
- 2-3 pieces of dried fruit (apricots or figs) or
- 1 small tub of low fat yoghurt

If you are not feeling better 10 minutes after your first hypo treatment, recheck your BGL (if possible). If it is not rising, repeat the first step.

What are the main causes of hypoglycaemia?

Hypoglycaemia can be caused by one or a number of things such as:

- Delaying or missing a meal
- Not eating enough carbohydrate
- Unplanned or extra strenuous physical activity
- More strenuous exercise than usual
- Vomiting
- Drinking alcohol*
- Too much insulin or diabetes tablets

*The risk of hypoglycaemia increases the more alcohol you drink.

No matter how much you know about diabetes or how careful you are, if your diabetes is treated, you are likely to experience some hypos or hypers. Check with your diabetes healthcare team if you are not sure if the treatment you are on is likely to cause hypos or hypers.

Other considerations

- It is important to treat low blood glucose quickly. If not treated, it can progress to loss of coordination, confusion, slurred speech, loss of consciousness and fitting.
- If you are driving and develop signs of a hypo, pull over to the side of the road, stop your car, and treat the hypo. Do not drive until you are fully recovered.
- Always carry hypo treatment with you if you are taking insulin or the mentioned medications.
- If you are doing strenuous exercise eg: sport, you may need extra carbohydrate before and during activity.
- Make sure your family, friends and employer/teachers know what to do if you can't help yourself during a hypo.
- Wear identification that says you have diabetes.
- If you are having frequent hypos (more than a couple a week, or you can't explain why you had a hypo) talk to your doctor or diabetes educator.

Glucagon is a hormone available on prescription. It can be injected in cases of severe hypoglycaemia (where the person cannot swallow or is unconscious or fitting). Glucagon stimulates the release of glucose from the liver and will raise the blood

glucose 10 minutes after injection and lasts for about half an hour.

It is recommended that people with diabetes who are using insulin discuss glucagon with their doctor. Those at greatest risk of severe hypoglycaemia are pre-school and

school age children, those with frequent episodes of hypoglycaemia and people who have lost the ability to recognise a hypo (hypoglycaemia unawareness).

Glucagon will need to be administered by someone other than the person with diabetes, so family members and/or friends need to be trained in its use. Glucagon is dispensed as a dry powder in an ampoule together with a pre-filled liquid containing syringe. This needs to be mixed together before giving into the outer, upper arm, the front of middle of the thigh or the buttock. If people are unsure of when and how to administer it, they should see a diabetes educator.

Glucagon should be stored in a cool place and has an expiry date. It is important that rapidly absorbed carbohydrate be given after recovery from a hypo and the usual hypoglycaemia protocol followed to prevent its recurrence.

Medical Identification

Diabetes NSW recommends that all people at risk of hypoglycaemia wear some kind of medical identification. In cases of emergency, medical ID can alert ambulance attendants, police officers and others of the need for early intervention. There are a variety of products available - please call 1300 136 588 for more details.

More information can be found in our [hypoglycaemia fact sheet](#).