



# HOW HIGH IS YOUR RISK?

## SEVERE HYPOGLYCAEMIA CAN CAUSE:

Mental confusion, unconsciousness, seizure, injury, car accidents, relationship problems, loss of hypoglycaemic symptoms, change in heart rhythm

**SEVERE HYPOGLYCAEMIA (SH)**  
Episodes of low blood sugar you are unable to self-treat because of impaired thinking or unconsciousness

**THE GOAL**  
Best possible glucose control without SH

RISK LEVEL  
**LOW**



### FACTORS TO CONSIDER THAT AFFECT YOUR RISK

#### You:

Are not taking sulphonylureas<sup>†</sup> (SUs - e.g. Amaryl, Glucotrol, DiaBeta) or glinides<sup>‡</sup> (e.g. Prandin, Starlix, Glufast)

Always know when you are low

Have “classic” low blood sugar warning symptoms (for example, sweating, trembling)

Have low blood sugars (below 3.9 mmol/L or 70 mg/dL) less than 3x/week

Had no SH episodes in the past year

### WAYS TO LOWER YOUR RISK TO CONSIDER

- Check blood sugar
- As recommended
  - When low blood sugar symptoms occur
  - 15 minutes after low blood sugar treatment to check for recovery

Carry food or drink with sugar (carbohydrates) to treat low blood sugar levels

Always treat lows immediately with sugary food or drink

RISK LEVEL  
**MOD**



#### You:

Have been taking insulin, SUs or glinides, especially for a number of years

Have blood sugars less than 3.9 mmol/L or 70 mg/dL more often than 3x/week

Have fewer warning symptoms of low blood sugar

Had one SH in the past year

Drink alcohol in excess or on an empty stomach

Do not adjust insulin for meals or exercise

#### Same as for low risk, plus:

- Check blood sugar
- 4x/day or more (before taking insulin and as recommended)
  - Before/during/after exercise

- Ask your health care provider to:
- Review your diabetes medications
  - See if you need other blood tests (e.g. kidney, gastrointestinal and thyroid function)
  - Prescribe a glucagon kit and show you and your partner how to use it

Get education on hypoglycaemia prevention

Check blood sugar before driving and during long drives and do not drive when your blood sugars is less than 5 mmol/L or 90 mg/dL

RISK LEVEL  
**HIGH**



#### You:

Have low blood sugars under 3 mmol/L or 54 mg/dL 3x/week or more often

Rarely or never have warning symptoms of blood sugars that are less than 3 mmol/L or 54 mg/dL

Had SH more than once in the past year

Are > 70 years old, have impaired memory or dementia

Have poor kidney function

Take several kinds of medications

#### Same as for low and moderate risk, plus:

Avoid all blood sugars below 3 mmol/L or 54 mg/dL to maintain or restore warning symptoms

Consider asking about diabetes medicines with minimal low blood sugar risk

Make sure to replace expired glucagon kits

Ask your health care provider about using a continuous glucose monitoring device

If on insulin, ask your health care provider about using an insulin pump that shuts down when blood sugar is low

<sup>†</sup>Generic Sulphonylureas: Glimpiride, Glyburide/glibenclamide, Glipizide, Gliclazide, Tolbutamide

<sup>‡</sup>Generic Glinides: Repaglinide, Mitiglinide, Nateglinide

\*Hypo awareness scale: “Do you know when your hypos are starting?”

Answer from 1-7, with 1 = always aware, 7 = never aware; score ≥ 4 indicates poor awareness

\*Another definition - Symptoms only with blood sugars less than 3mmol/L or 54 mg/dL, or not at all

This flyer is intended to provide information on factors that are often associated with increased risk for severe hypoglycaemia (SH), as well as recommendations often associated with reduced risk. The presence of any specific risk factor does not necessarily mean that a given individual is at high risk. It is also the case that following any specific recommendation does not necessarily insure that an individual will not experience SH. Other factors relevant to an individual's situation need to be taken into consideration when assessing risk level and a clinical plan. This is an educational tool and guidance for an initial screening of risk factors and possible recommendations.