diabetes matters

A Diabetes Vic Member Magazine **AUTUMN 2026**

Improving exercise with type 1

Muscle power and diabetes

Living with type 3C diabetes

+ Australian researchers find potential new treatment

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Contents

A word from us

Glen Noonan

Welcome to the autumn edition of Diabetes Matters. Wherever you're reading, I hope you are enjoying this quieter, cosier season.

We often hear from our members and the wider diabetes community that people with lived experience want to be informed about the latest research and how they can get involved. I am very excited to share the details of two clinical trials on page 10 that have the potential to transform care for people recently diagnosed with type 1.

These trials were made possible thanks to world-first research led by a team here in Melbourne, and they can only be successful with community support. Testing through the national Type1Screen program can determine if someone is eligible to participate in the trials, and if you live with type 1 your relatives can be tested for free.

In May, we are hosting a Type 1 Tech Night, bringing together community, tech innovators, and health experts. This event is free for Diabetes Victoria members and is an opportunity to learn about the type 1 diabetes technology landscape. Turn to page 6 for more info.

On that note, we are incredibly proud to partner with other organisations in the diabetes sector to advocate for expanded access to lifesaving diabetes technologies. A group of 10 organisations across Australia have delivered two Federal Budget Submissions, recommending expanded eligibility for subsidised Continuous Glucose Monitors (CGMs) for type 2 and 'other types' of diabetes, and subsidised Automated Insulin Delivery (AID) systems for people living with type 1. Read more on page 7.

Advocating for all Victorians impacted by diabetes is at the heart of what we do. You can learn more about our work to influence meaningful policy change on our website: **www.diabetesvic.org.au/advocacy-and-policy-change**

There's also a focus on exercising well with diabetes in this edition, including the benefits of building muscle (page 18) and fuelling your body with the right amount of protein (page 20). On page 16, read about another Victorian researcher who has discovered a practical solution that can prevent hypos during exercise for people living with type 1.

As always, you'll find member stories, seasonal recipes and more updates from around the organisation.

Until next time,

Glen Noonan

Diabetes Victoria CEO

WHAT'S NEW

Member Family Fun Day at Luna Park

We rounded out last year in the best way possible, with our sell-out Member Family Fun Day at Luna Park!

The annual event brings together our young members and their families, friends and carers to relax and have fun. It also provides an opportunity to meet the Diabetes Victoria team and other families experiencing similar daily challenges and triumphs.

This year's Member Family Fun Day was a special experience - having exclusive access to Luna Park meant minimal wait times for rides (always a win). The kids also enjoyed activities in the undercover pavilion, including face painting and a colouring competition.

Despite it being a rainy Melbourne spring day, we were so pleased to have so many families brave the elements and make the most of all the rides and activities on offer. We loved getting to know our members and their families, and we want to say a big thank you for coming and we hope to see you again soon.

Thank you to our event sponsor Carer Gateway, whose support helped make this event possible, and thank you to Luna Park for the hospitality and for helping us create an amazing day for our very deserving young members.

If you attended the event, and want to share your experience or feedback, we would love to hear from you. Please email membership@diabetesvic.org.au

Carer Gateway

Carer Gateway is an Australian Government program providing free services and support for carers. Carer Gateway aims to make your life easier, providing services such as:

Online skills courses

Respite services

Tailored support packages

To find out more, and to access support services, visit carergateway.gov.au or call Carer Gateway on 1800 422 737 (Monday to Friday, 8am to 5pm).

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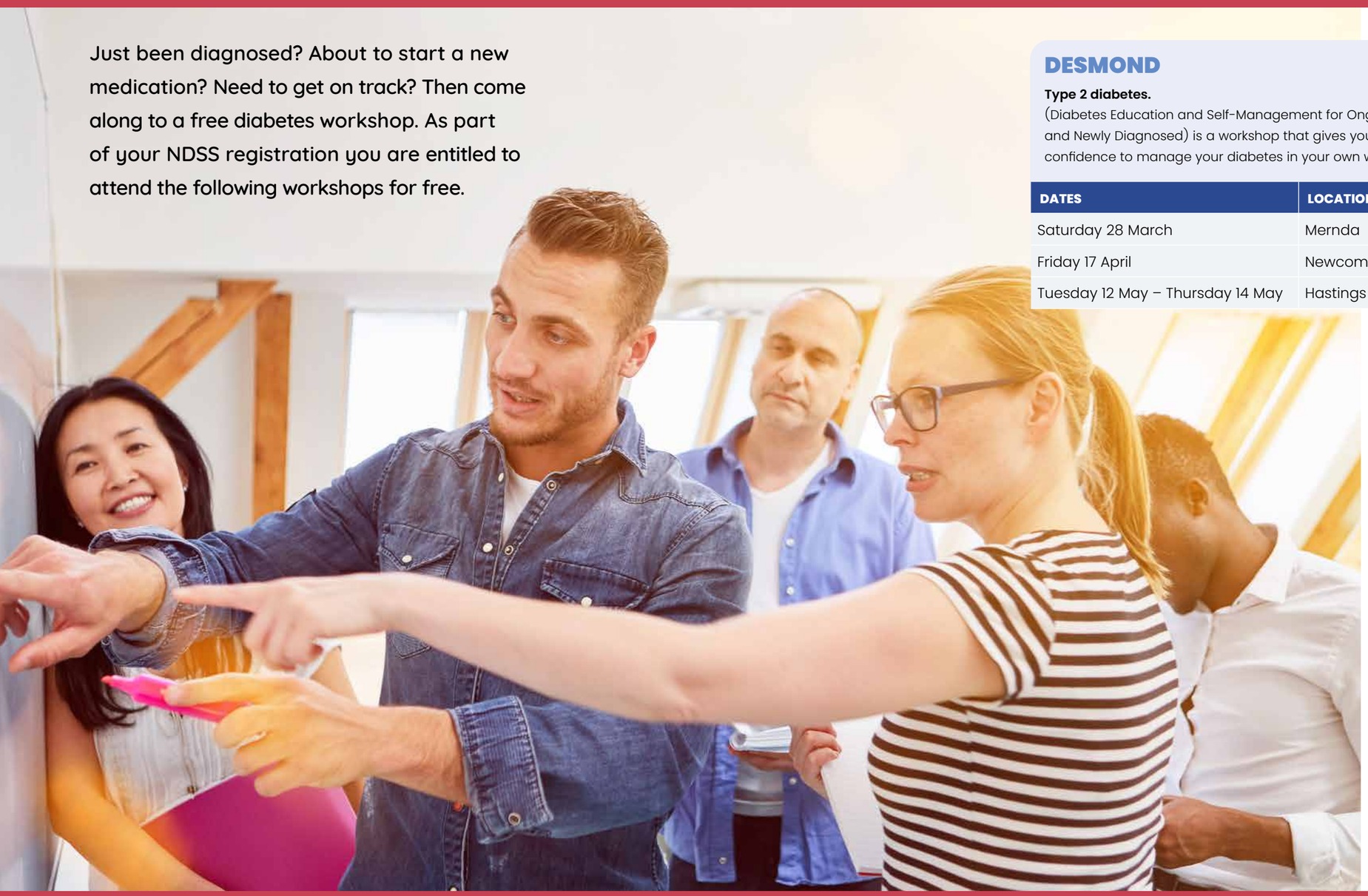
WORKSHOPS

Autumn 2025

Just been diagnosed? About to start a new medication? Need to get on track? Then come along to a free diabetes workshop. As part of your NDSS registration you are entitled to attend the following workshops for free.



DESMOND

Type 2 diabetes.
(Diabetes Education and Self-Management for Ongoing and Newly Diagnosed) is a workshop that gives you the confidence to manage your diabetes in your own way.

DATES	LOCATION
Saturday 28 March	Mernda
Friday 17 April	Newcomb
Tuesday 12 May – Thursday 14 May	Hastings

Living Well

Type 1 diabetes, Type 2 diabetes
This is a chance to connect with others who understand what it's like to live with diabetes, share experiences, and learn new tips and tricks together. Whether you're newly diagnosed or have been managing diabetes for years, this event will provide the tools, motivation, and support to help you live well with diabetes.

DATES	LOCATION
Wednesday 22 April	Albury

Beat It

Type 1 diabetes, Type 2 diabetes
Beat It is an 8-week group exercise and lifestyle program to help you better manage your diabetes and improve your general health.

DATES	LOCATION
Monday 13 April – Thursday 11 June	Wangaratta
Monday 13 April – Friday 19 June	Dandenong
Tuesday 14 April – Thursday 4 June	Myrtleford
Tuesday 5 May – Friday 26 June	Dandenong

Community Matters

A free mini-expo for people living with all types of diabetes. Enjoy a light afternoon tea, a Q and A with health professionals and a dietitian-led workshop.

DATES	LOCATION
Wednesday 22 April	Albury

Visit **www.events.ndss.com.au** to find more upcoming events and to register.

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Type 1 Tech Night

Join Diabetes Victoria for a collaborative evening where the Type 1 community, tech innovators, and health experts connect in one place.

WHEN: Thursday 7 May 2026
4:30pm – 7:00pm

WHERE: Rendezvous Hotel, 328 Flinders St, Melbourne

FREE
for Diabetes Victoria Members.

Light refreshments provided. Open to ages 14+ (under 18s to be accompanied by a guardian).

Access All-in-One: Get hands-on with the latest Continuous Glucose Monitors (CGMs), pumps, and smart pens from leading companies in one evening.

Expert Insight: Join an essential overview of the current type 1 diabetes technology landscape from Sven Pohlsen (Nurse Practitioner & Credentialled Diabetes Nurse Educator).

Lived Experience: Connect with peers to hear authentic stories about the practicalities of daily life with type 1 diabetes tech.

Support & Community: Meet with a variety of support services and community organisations to discover the different programs and resources available to help you live well with type 1 diabetes.

Find out more & Register:
Scan the QR or call 1300 437 386

Diabetes sector calls on Federal Government to urgently expand **access to diabetes technology**

Diabetes Victoria and the diabetes sector is calling on the Federal Government to expand access to lifesaving diabetes technologies.

A group of 10 diabetes organisations across Australia have delivered two Federal Budget Submissions, recommending the government expand eligibility for subsidised Continuous Glucose Monitors (CGMs) for Type 2 and 'other types' of diabetes, and subsidise Automated Insulin Delivery (AID) systems for people living with Type 1 Diabetes.

While more than 400,000 Victorians live with diabetes, many are unable to access these lifechanging, and sometimes lifesaving, technologies due to upfront and ongoing costs.

The two national proposals demonstrate that targeted investment in diabetes technology would significantly improve health outcomes while reducing long-term health system costs.

The proposals show:

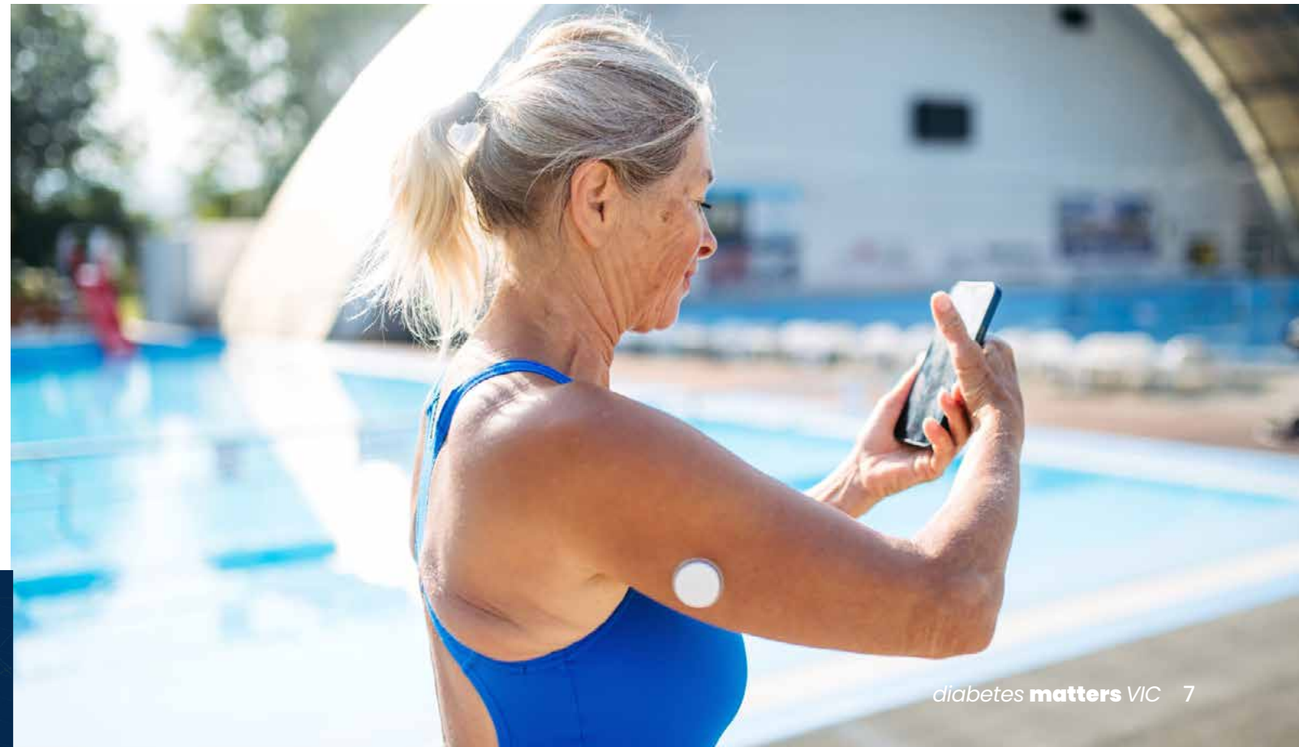
- Expanding CGM access to 16,000 Australians with type 2 and other forms of diabetes would cost $106.48 million over four years and deliver an estimated $1.13 billion in long-term societal benefit.
- Improving access to AID systems for 38,000 Australians with type 1 diabetes would cost $298.95 million, with projected net benefits of $4.28 billion over time.

CGM devices can cost people living with diabetes between $2,000 and $4,000 per year, pricing out many Victorians who need them.

Diabetes Victoria CEO Glen Noonan says all Victorians living with diabetes deserve affordable access to quality treatment and technologies.

"We know these technologies can help people more effectively manage diabetes and lead to better health outcomes," he says.

"Treatment and technology should be affordable and easy to access for all people living with diabetes. We are proud to unite with other leading organisations in the diabetes sector to advocate for this."



Teen spirit at summer camp

In January, almost 50 teenagers headed to the seaside town of Anglesea for Diabetes Camps Victoria's teenage camp. The four-day program was a formative experience for campers and volunteers alike.

For young people living with type 1 diabetes, the pressures of being a teenager and the demands of managing diabetes 24/7 can become overwhelming. Teenage camp can be a pivotal moment for people aged between 15 and 17.

"Many teenagers experience diabetes burnout around this time, because they have been living with diabetes for many years already," explains Youth Programs Coordinator Natalie Logan.

"There's no break from diabetes. It can feel isolating if they don't have others around them who understand or are experiencing the same thing.

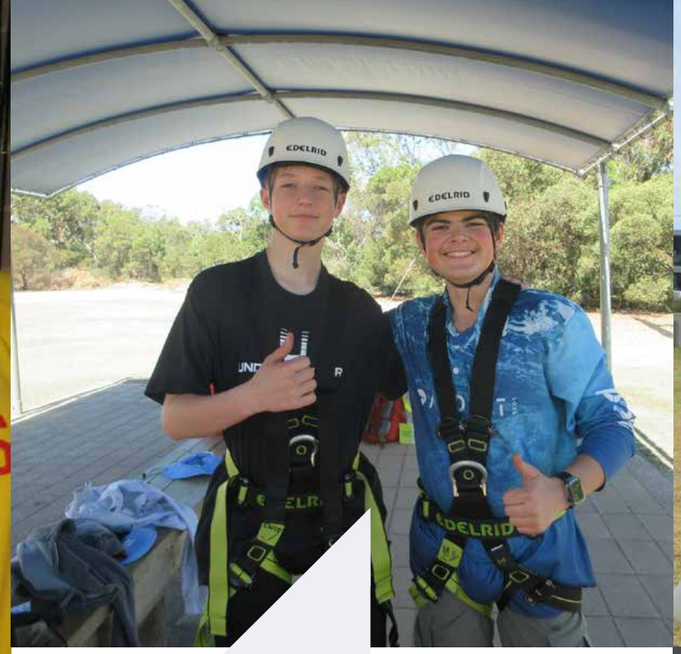
"Ahead of this camp, 35 percent of our campers had listed depression, anxiety and/or diabetes burnout on our intake forms. It shows how prevalent this can be among this cohort."

From the outside it looked like four jam-packed days of mountain biking, high ropes, a colour run, beach carnival and camp party, among many other activities and lots of laughs. What it meant to campers is harder to describe.

"It can be so impactful to spend a few days connecting with other people who understand almost exactly what you're going through," Nat says.

"The camp setting helps to normalise diabetes burnout and living with type 1 diabetes in general. It can give teens a fresh perspective, and often the feedback we get is they feel 'less alone' after attending our program.

"Our feedback survey in 2025 showed that 95 percent of parents reported a positive impact on their teen's mental health and wellbeing, which is an amazing outcome."



> "It can be so impactful to spend a few days connecting with other people who understand almost exactly what you're going through."

Camp also aims to equip teens with knowledge and skills they need as they transition from paediatric to adult care.

"Our team of health professionals and adults with lived experience provide advice and guidance," Nat says.

"We have formal diabetes education sessions and it's also an opportunity for campers to have casual conversations about important life skills as they move into adulthood.

"At this camp we had 20 people volunteer as mentors and leaders, and 13 of these volunteers live with type 1. Many were past campers themselves."

Additionally, 15 health professionals also attended the camp, creating the safest environment possible for all 46 campers.

Nat says the Camp Party (a regular fixture on the itinerary) was a highlight for many.

"One of our volunteers was the DJ and lots of campers had a go on the decks, which they loved," she says.

"It was a beach themed party, appropriate for the setting and the most popular suggestion from campers.

"The beach carnival was also very popular, despite very windy conditions. Groups competed against each other in a range of sports, covered in body paint to represent their colour group."

For 11 campers, this was their last-ever camp (at least as a camper).

"Seeing how emotional the 17-year-olds who were 'graduating' from the program were at the end was really moving," Nat says.

"I have personally known a few of them for many years attending camps and seeing and hearing how much the camps have meant to them was lovely.

"It also shows what an impact our volunteers have, as so many of them have already asked me how to apply to be a volunteer once they turn 18.

"Looking around and seeing the fast friendships formed during camp always feels very rewarding."

Australian research uncovers potential new treatment for type 1 diabetes

Pharmaceutical company Eli Lilly is recruiting for two clinical trials to investigate the use of baricitinib to delay the onset and progression of type 1 diabetes. These trials are possible thanks to the world-first BANDIT study led by researchers in Melbourne.

The BANDIT study tested the use of baricitinib in children and young adults recently diagnosed with type 1. It found that a once daily pill taken for a year preserved insulin production, stabilised blood glucose levels and improved time-in-range. Importantly, it showed the drug – which is commonly used to treat rheumatoid arthritis and alopecia – Is safe and effective for people with type 1.

The hope is that these two Eli Lilly BARICADE trials will confirm the findings of the BANDIT study and lead to the use of baricitinib in clinical practice for type 1 diabetes.

Testing through Type1Screen can determine if a person has diabetes related autoantibodies, making them eligible for the trials. Autoantibodies are proteins in the blood showing the immune system is attacking the beta cells of the pancreas.

BARICADE-DELAY

One of the clinical trials will test whether baricitinib can delay stage 3 type 1 diabetes. Stage 3 is the time when a clinical diagnosis is made, while stages 1 and 2 are pre-symptomatic – when there are still sufficient insulin producing cells to control blood glucose.

The study will follow participants for around 5 years and will track two groups. One group will take baricitinib while the other group will take a placebo. Researchers will compare how long it takes for them to be diagnosed with stage 3.

Who can join the study?

People between 1 and 35 years of age who have:

- At least 2 autoantibodies related to diabetes
- Stage 1b or stage 2 type 1 diabetes
- A body weight of at least 8kg

diabetes research

> “Preserving insulin production could mean people in stage 3 of type 1 require less insulin, and those in stage 2 could have more years without needing to take insulin at all.”

BARICADE-PRESERVE

This clinical trial will test whether baricitinib can preserve insulin production in people who have been recently diagnosed with stage 3 type 1 diabetes. This study will follow participants for around 60 weeks and measure their C-peptide levels. C-peptide is a molecule released alongside insulin, so it can be used as a measure of insulin production.

Who can join the study?

People between 1 and 35 years of age who have:

- A type 1 diabetes diagnosis in the last 3 months
- At least 1 autoantibody related to diabetes
- A body weight of at least 8kg

Participants must be willing to wear a Continuous Glucose Monitor if aged 2 years or older.

Why these trials are important

Preserving insulin production could mean people in stage 3 of type 1 require less insulin, and those in stage 2 could have more years without needing to take insulin at all.

Delaying the progression of type 1 marks an important milestone as researchers strive to one day halt its development entirely.

Diabetes Victoria is committed to sharing research opportunities with our members and the broader diabetes community. We know people with lived experience want to be informed about the latest research and how they can participate. We are proud to connect researchers with the people who will benefit most from their research. These clinical trials have the potential to transform care for people recently diagnosed with type 1 and we encourage eligible people to get involved.

How to get involved

Type1Screen is a national program offering antibody testing to relatives of people with type 1 diabetes, to determine if they are at risk of developing type 1.

Only 1 in every 100 people screened will be suitable for the BARICADE trials, so community support is vital.

“We need to screen as many people as we can across Australia to find 20 – 50 eligible participants,” says lead doctor Professor John Wentworth.

“To find a cure for type 1, we need the community to get involved.”

“If you live with type 1, please encourage your relatives to get screened. This is a call to parents and grandparents, round up the kids and have a screening day.”

Type1Screen participants have access to support and information from a team of diabetes experts. Eligible people will have the option to participate in the BARICADE trials.

Visit **www.type1screen.org** for more information.

5 EXPERT WOUND CARE TIPS

from a pharmacist and wound educator

Skin wounds can take time to heal, but there are ways to speed up the process. ZOE DELEUIL talks to pharmacist and wound clinician Lusi Sheehan to learn more.

For many of us, wound care is something we only think about when we injure ourselves and need to track down a band aid. But for pharmacist and wound educator Lusi Sheehan, it's both a passion and a career.

Lusi first became interested in wound care while completing a post-graduate course at Monash University, where she realised that community pharmacists can play a key role in helping people both prevent and heal wounds.

"We see a lot of wounds in Australia," she says."We have a hot, harsh climate in some areas, plus there are lifestyle factors such as diet, activity levels and chronic medical conditions such as diabetes, cardiovascular disease and lower leg oedema that may contribute to the high rates.

"For communitypharmacists, it's important to have strong wound care knowledge for when people come to us."

Here are Lusi's tips for looking after your wounds.

1. Prevention is better than cure

For those living with diabetes, Lusi says it's important to both prevent injuries and care for them when they happen. This is because there is an increased risk of a foot injury, for example, turning into a diabetes-related complication.

If you're living with diabetes, prioritise checking your feet daily for any changes and injuries and protect your feet by wearing well-fitted shoes that are suitable for the activity.

An annual check with a podiatrist is also recommended, but some people may need to see a podiatrist more often. Your GP can give you a referral for subsidised appointments under a chronic condition management plan.

Read our recent story on buying the right shoes.

2. Moisturise, moisturise, moisturise

A good moisturiser and soap-free cleaner can help to prevent a lot of problems. Lusi recommends an emollient ointment and soap-free body wash, both available in pharmacies.

Your skin thins with age, which increases your risk of skin tears, especially on your feet and particularly if you're wearing incorrectly fitting shoes.

However, a trial in 2011 with aged care patients showed that moisturising twice a day for a month reduced the risk of skin tears by 50 per cent.

Moisturising the feet is important for people with diabetes, who may find their skin is slower to heal and is more prone to infection if blood glucose levels are elevated over time and there have been changes in circulation as a result.

"A good barrier moisturiser improves skin integrity and hydration, and helps to protect the skin and keep the moisture in," Lusi says.

"I am always encouraging people to moisturise their feet and legs. Even extremely dry, cracked skin will look amazingly different after a week."

Avoid moisturising between the toes as fungus likes a warm, moist environment, and choose a safe time and location to moisturise, such as before bed, to minimise the risk of slipping or falls.

3. Seek advice on wound care products

Wound care products have come a long way, with the best being evidence-based, less harsh and able to promote healing in a moist environment.

One misconception is that we always need to use strong antiseptics such as chlorhexidine and disinfectants on wounds.

"These aren't always necessary," Lusi says. "We don't want to kill healthy cells, so it's better to just keep a wound clean and covered as soon as it happens, which is the first step to preventing a wound infection."

Many dressings are now 'breathable' and water resistant, which will help, but the right dressing will depend on the nature and location of the wound.

"Some wounds may create a bit of fluid (or exudate), which is a natural part of wound healing. Some dressings can absorb more fluid and last longer, so we don't need to change them more than necessary as this can disturb the healing process."

Others may need to be changed more regularly. A dressing on the hand or foot will get wet more often and may require daily changing, whereas a dressing on the arm or leg can stay up to three days or more if kept out of water.

For people living with diabetes, keeping a wound clean and covered is important, but sometimes the dressing itself can add to the pressure. If a foot injury has occurred due to pressure, especially if the person can't feel their feet, it's important to address the cause (such as ill-fitting shoes.)

4. You don't need to 'air out' a wound

Another misconception Lusi would like to challenge is that you should expose a wound to air. In fact, she says, this can lead to changes in skin temperature and moisture levels and can contribute to an increased risk of infection and slower healing.

"We see a lot of prescribing of local and oral antibiotics and people leaving their wounds exposed, which can delay healing. In most cases, a covered, moist environment is better for healing and a lower risk of complications and scarring."

diabetes care

> "A seemingly minor cut, corn or blister in someone with diabetes can turn into a much deeper and nasty wound if not treated properly, particularly if they have a loss of sensation in their feet."

The exception is for black, ischaemic (or necrotic) diabetes foot wounds, which need to be kept dry and seen by a specialist or emergency department immediately due to the high risk of complications.

5. Seek help sooner rather than later

Early intervention is key, but studies show that one in four people will wait a week or more before seeking medical attention for a wound. If your wound is red, swollen and painful, or taking a long time to heal, seek help.

"A seemingly minor cut, corn or blister in someone with diabetes can turn into a much deeper and nasty wound if not treated properly, particularly if they have a loss of sensation in their feet," says Lusi.

People with diabetes should seek help if a foot injury hasn't improved within 24 hours. This includes ulcers, unusual swelling, redness, blisters, ingrown nails, bruising or cuts. If you have sought help and it's not getting better, follow up, and don't wait any longer than four weeks.

"Wound care can be complex, so it's always worth seeking advice from health professionals," Lusi says.

"As a pharmacist and wound clinician, I can help people clean and dress a wound and advise on the right treatment plan for the individual person based on their history and assessment, including evidence-based products. I will also follow up and review to assess and treat the wound until it is healed."

Pharmacists can also refer people to the appropriate pathways, such as a GP, district nursing service, diabetes educator, podiatrist, lymphoedema therapist, vascular specialist or other allied health professionals for access to timely wound care.

"It's rewarding work and patients are always grateful for the help to achieve wound healing."

Chris Winter reflects on history-making run

At the Melbourne Marathon last year, Chris Winter achieved a new Australian record for the fastest marathon run by a person living with type 1 diabetes.

Chris smashed his PB by eight minutes, completing the marathon in 2 hours, 32 minutes and 47 seconds – a mere 2 minutes off the world record.

"I felt incredibly proud," Chris says of the history-making run.

"Since setting the record, I've been fortunate to connect with runners with type 1 from around the world. There's discussion about holding an Intercontinental Marathon Challenge in 2027.

"Last year's performance has given me the confidence to be bold in the goals I set myself over the shorter distances in 2026, which I hope will hold me in good stead for my second attempt at the world record. The record has since been lowered to 2:28 so I've got my work cut out for me!"

Chris was recognised at the inaugural Diabetes Victoria Impact Awards last year, for both his incredible physical feat and his fundraising efforts for the diabetes community.

"Since being diagnosed in 2015, I have witnessed rapid technological advancements that are making it easier to manage the condition," Chris explains.

"By fundraising for Diabetes Victoria, I wish to keep this wonderful momentum going so that all those living with type 1 can live life to the fullest! I raised $2,520 in the end."

He says diabetes technology, particularly pump therapy, has improved his quality of life.

"Pump therapy has reduced my cognitive load. When on daily injections, I felt that I was constantly having to make decisions impacting my BGL," he says.

"Now the pump makes many of those decisions for me. Having a lean body mass, I found it difficult to find suitable sites when on daily injections. Pump therapy has alleviated that concern, and it also means I need to prick my finger less.

"Most importantly, pump therapy has seen my HbA1C steadily drop which has pleased my care team!"

His advice for other people living with type 1 who aspire to similar physical challenges? Data is your friend.

"Listen to your body and take note of your BGLs in response to different physical stimuli and fuel," Chris says.

"The more you practice, the greater confidence you will have when it comes to your event or physical challenge. There will be doubters, but remember that no one has as much knowledge and experience as you when it comes to what you are capable of."

Chris ran the Portsea Twilight in early January, finishing 6th (and the first in his age group) in the 9.5km race. He is currently training for the upcoming road and cross-country season.

"I will attempt the record again at the Melbourne Marathon in October," he says. "I would be grateful for the support of the Diabetes Victoria community once again."

Improving exercise with type 1 diabetes

Research led by Dr Dale Morrison has found a practical solution to help prevent hypoglycaemia during exercise for people living with type 1 diabetes. Even better news: it's available on supermarket shelves right now.

Dr Morrison has a PhD in exercise and nutritional physiology, muscle metabolism, and whole-body glucose metabolism. His latest research is focused on exercise management in type 1 diabetes.

Protein pre-exercise is the whey

"The study we are wrapping up now looks at consuming protein pre-exercise to prevent hypo during exercise," he explains.

"In our first lab study we found that whey protein at a dose of 0.5 grams per kilogram of body weight (around 40g or two 'scoops' from most commercial protein powders) increases blood glucose by about 4mmol/l over three hours.

"It also increases plasma glucagon about 7-fold. The increase in blood glucose starts to happen about 30 minutes after ingestion.

"When we used that same dose of whey protein 30 minutes before exercise in adults with type 1 diabetes using automated insulin delivery, we found that during 60 minutes of cycling exercise glucose was increased and hypo risk was decreased."

Participants across more than 80 exercise sessions recorded about a 2mmol/l difference in blood glucose at the end of exercise compared to the control group (who did not consume protein beforehand).

While around 45% of people experienced a hypo in the control group, only 6% of the 'whey protein group' experienced a hypo during or post-exercise.

"The study is still underway, so there has been no formal analysis. But we're excited about the early findings and what it means for people managing type 1."

An effective option to manage blood glucose levels

Dr Morrison says consuming protein before exercise is another "tool in the toolkit" for people with type 1 diabetes.

It does not replace current recommendations for preventing hypos during exercise (such as limiting the amount of insulin on board or eating carbohydrate), but it is another option which appears to be effective.

"The glucose response to consuming protein is more moderate and sustained compared to consuming carbohydrate, which usually results in a short but large spike in glucose," he explains.

"This hopefully also means that not too much hyperglycaemia should occur after protein ingestion.

"What we do know from some qualitative data we have collected is that many people with type 1 (up to as many as 30%) are using protein supplements already, but the timing or amount of protein is often not optimised to prevent hypos with exercise. This is what we are hoping to provide with our research efforts."

Consuming protein is recommended by sports nutrition guidelines for helping recovery and building muscle, but people with type 1 might also be able to use protein for its glycaemic benefits.

A simple change you can make today

You likely already consume protein as part of a balanced diet. Simply opting to consume around 20-40g of whey protein pre-exercise could improve your blood glucose levels during and after that bike ride or weights session.

"One of my favourite things about this research is that it can be implemented into people's daily lives straight away – they don't need to wait years for the therapy to become available," Dr Morrison says.

"In fact, many of our participants tell us that they have started using whey protein in their daily exercise after finishing our trials.

"You can buy whey protein at most health food shops or even at the supermarket.

"We still don't have all the answers about which doses or timing of whey protein around exercise is most effective.

"We think lower doses, or other protein sources (such as vegetarian options like soy protein) may also be effective – but we don't have any data on this yet. That's what we're working towards."

Next steps

This study is part of a three-stage project funded by The Leona M. and Harry B. Helmsley Charitable Trust to improve exercise outcomes in people with type 1 diabetes.

The next stage will look at consuming protein post-exercise to see how that impacts blood glucose after exercise and overnight.

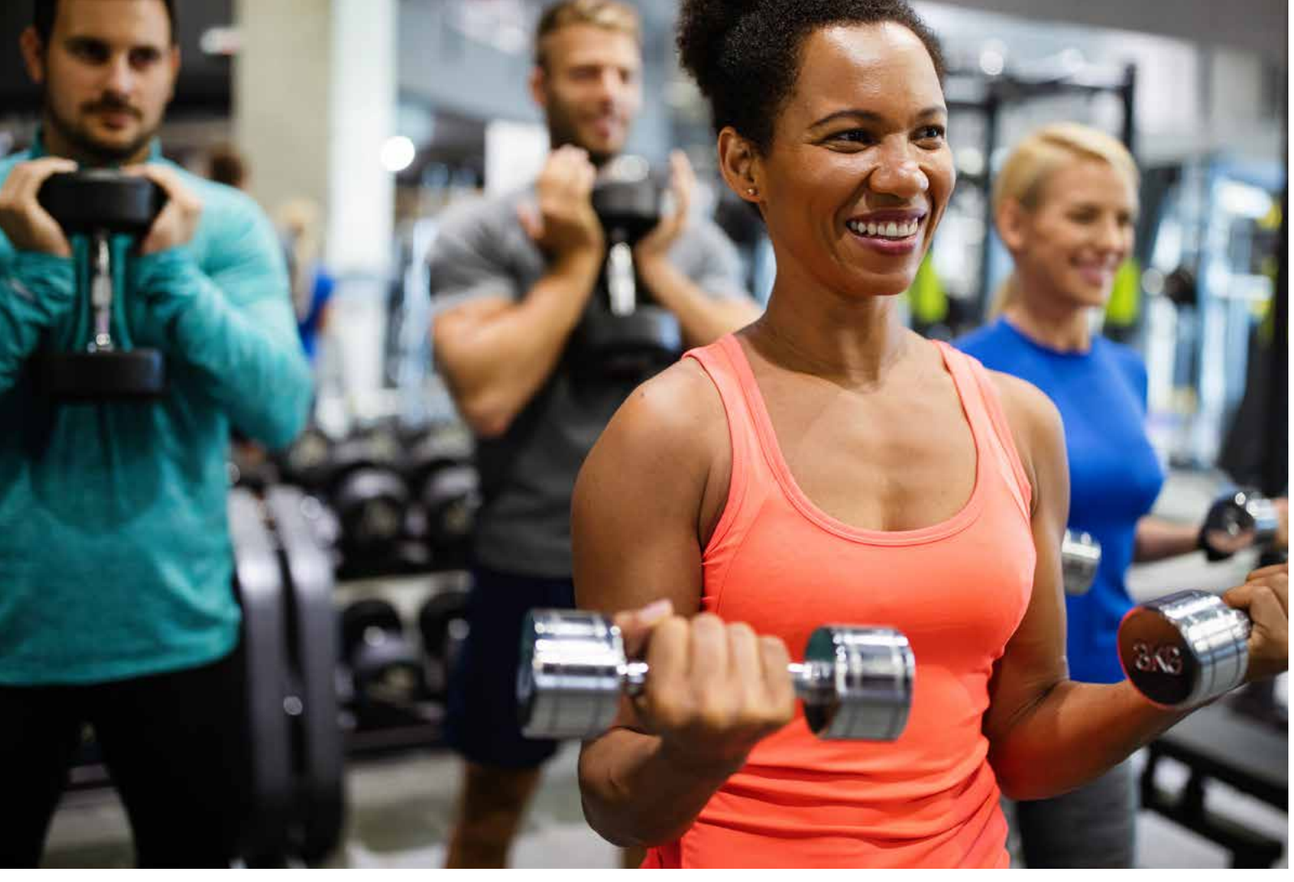
Another planned project will look at consuming protein before bed to prevent overnight hypoglycaemia. The research is led by the University of Melbourne and St Vincent's Hospital, with collaborators at Deakin University, John Hunter Children's Hospital (NSW), and Stanford University (USA).

Dr Dale Morrison is a post-doctoral researcher with the University of Melbourne and the Diabetes Technology Research Group (DTRG). His research focuses on easing the burdens associated with exercise to improve the daily lives of people with type 1 diabetes.

Become a participant

Researchers are still recruiting for these follow-up studies. Participants will be required to attend the clinical trials centre at St Vincent's Hospital in Melbourne on at least 5 occasions, and up to 7 occasions.

Find out more:
Email dale.morrison@unimelb.edu.au
Or scan the QR code here.



MUSCLE POWER + diabetes

Muscles don't just help us move – they are also the makers of a range of anti-inflammatory proteins. Together, these proteins act like a powerful medicine that can only be prescribed by regular physical activity.

Until recently, the function of the body's major muscles – skeletal muscles – were largely considered to be isolated to moving the body around through daily activities and exercise.

Now, researchers have discovered that skeletal muscles are actually an active endocrine organ and the body's powerhouse makers of particular hormone-like proteins that have a profound effect on the immune system.

"We are continuing to gain an insight into why regular physical exercise is such a critical component of human health, and how exercise actually influences all the other systems within the body," says Professor Rob Newton, Professor of Exercise Medicine at Edith Cowan University.

It's exciting because we are coming to realise that exercise is in fact a medicine, and not just one medicine but a range of different medicines, each of which can be prescribed at a specific dosage."

Skeletal muscles are those muscles that are voluntarily controlled by the brain, making up around 40 per cent of body weight.

These muscles secrete hundreds of different hormone-like proteins called myokines, which have an anti-inflammatory effect across the entire body including fat tissue, the liver, the digestive system and the pancreas.

According to research, insulin resistance and type 2 diabetes, cardiovascular diseases, some cancers, depression and dementia are associated with chronic inflammation across the whole body. Increased myokine production through exercise can directly protect against these conditions.

It is thought that the active contraction of skeletal muscles affects the amount of myokines that are secreted, with their concentration increasing after exercise. After 30 minutes of exercise, there is a great surge in myokine production, up to 100 times the circulating resting concentration.

Myokines are especially important for people living with diabetes, and they have also been shown to improve insulin secretion in the beta cells of the pancreas at mealtimes, enhance insulin sensitivity and help to metabolise abdominal fat.

"We now know that the effect of exercise on diabetes is complex and it's likely that the myokines are signalling other organ systems in the body, including the pancreas, and this is aiding glucose regulation."

How to increase your myokine production

Any exercise that works to continuously contract the main muscles of the body, such as the legs, buttocks and arms, will produce myokines and have a positive health effect.

You can work towards achieving this by following physical activity and exercise guidelines published by the Australian Government Department of Health, Disability and Ageing. These guidelines suggest that adults aged 18-65 should be active on most, preferably all, days of the week.

Aim for 150 to 300 minutes (2½ to 5 hours) of moderate intensity physical activity, such as a brisk walk, golf, mowing the lawn or swimming **or 75 to 150 minutes (1¼ to 2½ hours) of vigorous intensity physical activity**, or an equivalent combination of both moderate and vigorous activities, each week.

The guidelines also recommend muscle strengthening activities on at least two days each week. Muscle strengthening activities are particularly important for myokine production.

However, if you are not achieving these recommendations at the moment, set a goal that is realistic for you. Remember that any amount of movement is beneficial.

Muscle-strengthening exercises

Strength exercises work your muscles by applying a resistance so that muscles exert a force. Gravity or a weight are forces your muscles can work against. Some great examples of strength exercises are:

- Body weight exercises like push-ups, squats or lunges.
- Lifting weights.
- Tasks around the house that involve lifting, carrying or digging – gardening is a great example, but groceries and carrying small children also count.
- Climbing stairs instead of taking the lift or escalator.
- Resistance exercise classes like Body Pump, step aerobics or circuit classes.

Amazing muscle facts

The more exercise you do, the more you can do.

Over time, regular physical activity increases the amount and size of skeletal muscle mitochondria, the body's producers of energy within the cells. The more mitochondria you have, the more energy you can generate. This is especially important for older people, as the number of mitochondria present in the body tends to decrease with age without the counter-active effects of exercise.

Muscles burn more fat

Muscles are good learners who love carbohydrate. During exercise, muscles generally prefer to use the carbohydrate glycogen (a stored form of glucose) as a quick, easy energy source. With regular physical activity, muscles learn to build up glycogen stores, gathering plenty of fuel for the next bout of exercise.

Muscles help build strong bones

It is widely accepted that weight-bearing and resistance exercises can help build strong bones through placing direct stress on bones, which triggers cells called osteoblasts to create new bone.

It now appears that muscles also have a say in bone density, with specific myokines (as described above) produced by contracting muscles. This promotes a significant increase in bone density, while decreasing body fat. It appears one particular myokine (known as IL-15) does this without increasing body weight, almost like it transfers the weight from fat into bone.

Do you want to move more and feel good?

Beat It! is a free 8-week group exercise and lifestyle program to help you better manage your diabetes and improve your general health. This program involves moderate intensity aerobic, strength and balance-based exercises as well as education sessions on healthier living.

Beat It! is suitable for people living with type 1 and type 2 diabetes.

Am I getting enough PROTEIN?

Dietitian Dr CHARLOTTE ROWLEY explains how much protein we really need, and where to get it.

This must be the most common question I get asked as a dietitian – everyone is worried about getting enough protein. I find this surprising because most of the time, people are getting plenty! So, let's dig a little deeper to find out if you have anything to worry about.

Step 1: How much protein should we eat each day?

For most adults, aiming for 0.8 – 1.0 g protein per kilogram of body weight is a good guide for working out how much protein you might need in a day.

Requirements change for children and through the different stages of adulthood including pregnancy. Some conditions, such as cancer and COPD (chronic obstructive pulmonary disease), and recovering from surgery, can increase our requirements.

For someone who weighs 80kg, the calculation is as follows:

Grams of protein x weight

- **0.8 x 80 = 64g**
- **1.0 x 80 = 80g**

So, this person should be aiming for approximately 64-80g protein per day (based on the Australian Dietary Guidelines). That's step one done.

Step 2: How much protein are you eating?

Let's imagine a pretty standard day:

Meal	Food	Protein estimate (g)
Breakfast	2 x weetbix with 1 cup milk	12.5
Lunch	Chicken sandwich	10g (depending on amount of chicken and type of bread)
Dinner	Spaghetti bolognese (with approximately one cup of minced meat per serve)	28g
Snacks	Hummus and veggie sticks	5g
	Latte	8g
	Fruit	0g
	Nuts	5g
	TOTAL	**68.5g**

We've easily reached 68.5g of protein, which is well within our target range – and this isn't what we would consider a high-protein meal plan. We could certainly optimise breakfast and dinner to increase our intake if we wanted to, but this example shows you that without realising it, you are probably not as far off your targets as you might think.

What about vegetarians?

Meeting protein targets does take more planning if you don't eat meat. Let's take a look at a standard day for a vegetarian:

Meal	Food	Protein estimate (g)
Breakfast	2 x weetbix with 1 cup milk	12.5
Lunch	Minestrone soup	6g
Dinner	Lentil dhal	20g
Snacks	Hummus and veggie sticks	5g
	Latte	8g
	Fruit	0g
	Nuts	8g
	TOTAL	**56.5g**

This meal plan gets us to 56.5g of protein, so almost at our target. With some extra care, we could easily get into target with a vegetarian diet.

Why is there so much talk about protein?

Well, one reason might be that if you do regularly skip a meal or two, or regularly eat plant-based meals, your intake can easily be too low. This isn't an issue for a day or two, but if it happens regularly, it can have a negative impact on your health.

In particular, it can lead to muscle breakdown, which can make us more frail and more likely to have falls.

We are more likely to see low protein intake in older people and people living alone. Often, we might not have the motivation to cook if it is only for ourselves and end up having toast for dinner – and there's not a lot of nutrition in a piece of toast. Other meals may be similarly simple with minimal nutrients, and over time we can become malnourished and start losing our muscle mass.

The other, more cynical, reason for so much messaging around protein is advertising – where someone who looks like Arnold Schwarzenegger is selling you supplements to make you "healthy". Some people do benefit from these foods, but I think the messaging to the general public has been overstated.

However, if you think that perhaps you do need to add some more protein to your regular diet, here are some high-protein foods that can help you meet your targets:

100g cooked chicken, beef, lamb or pork	30g
100g cooked fish	25g
1 small tin of tuna	21g
100g tofu	10g
30g raw nuts	8g
1 egg	6g
½ cup beans	6g

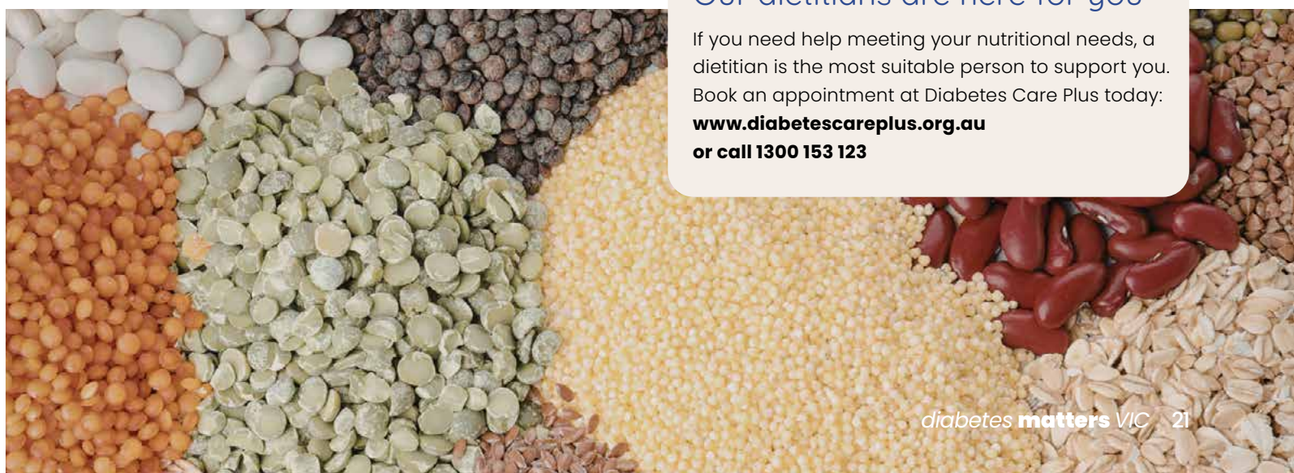
The more, the better?

Is it always better to have more protein? The simple answer is no. Like most things we eat, your body can only digest and absorb a certain amount of protein at one time -about 20-25g. Eating more than this is not worth it because you won't be able to absorb more from the food. Ideally, we will eat 20-25g protein every few hours with our meals or snacks.

Having too much protein takes up space for other foods that give us important nutrients. For example, if you increase your meat at the expense of your veggies, you are going to be getting less fibre, which you need for good digestion. Yes, protein is important, but it is not the only important nutrient, so consider what you might be reducing if you increase your protein, and what your body specifically needs.

Got a question about food?
Our dietitians are here for you

If you need help meeting your nutritional needs, a dietitian is the most suitable person to support you. Book an appointment at Diabetes Care Plus today:
www.diabetescareplus.org.au
or call 1300 153 123



LAMB & MUSHROOM PIES WITH MUSHY PEAS

Prep: 20 minutes **Cook:** 40 minutes
Serves: Serves 4 (as a main)

2 x 200g sheets Pampas 25% Reduced-Fat Shortcut Pastry
400g button mushrooms, chopped
400g lamb mince
250ml (1 cup) bottled tomato & basil pasta sauce
1 x 60 egg, lightly whisked
400g frozen peas
1 tbsp extra virgin olive oil
1 tbsp chopped mint
1 tsp reduced-sugar tomato sauce, per person, to serve

1. Preheat oven to 180°C (fan-forced).
2. Cut one sheet of pastry into four squares. Spray 4 x 9.5cm (base measurement) pie tins with cooking spray. Line the tins with pastry, trimming any excess pastry. Place the tins on a baking tray lined with non-stick baking paper.
3. Heat a large non-stick frying pan over medium-high heat. Once the pan is hot, add the mince and cook, stirring often, for 3-4 minutes or until the mince changes colour. Add the mushrooms and cook, stirring occasionally, for 5 minutes or until the mushrooms soften. Stir in the pasta sauce. Season with freshly ground black pepper. Set the mixture aside to cool.
4. Fill the pastry cases with the lamb mixture. Brush the pastry edges with egg. Cut four rounds from the remaining pastry sheet, large enough to cover pie tops. Cover the filling with the pastry rounds, pressing edges together with a fork to seal. Brush the pastry with egg. Use a small sharp knife to make small cuts in the top of each pie. Bake the pies for 25 minutes or until browned.
5. Carefully, remove the pies from the tins. Return the pies to the tray and cover loosely with foil. Bake on bottom shelf of oven for 5 minutes or until the pastry bases are cooked through.
6. Meanwhile, boil, steam or microwave the peas until tender. Drain. Put the peas, oil, mint and 1 tbsp boiling water in a small food processor. Pulse until coarsely crushed. Season with freshly ground black pepper.
7. Serve the pies with peas and tomato sauce.

Cook's Tips

1 It's important the lamb mixture is cooled before filling the pie cases as it's easier to handle and won't melt the pastry.

2 Use a fork to seal the pastry lids also creates a decorative edge. Make a small cut in the top of each pie to let steam escape.

3 Use only short bursts of the food processor when making mushy peas, so you get the perfect mushy consistency.

Nutritional info

PER SERVE 2470kJ (591Cal), protein 35g, total fat 25g (sat. fat 9g), carbs 50g, fibre 9g, sodium 808mg
• Carb exchanges 3½
• GI estimate medium

For more great recipes and articles check out the latest issue of Diabetic Living.

ROASTED PUMPKIN SOUP WITH CRISPY CHILLI KALE

This roasted pumpkin soup is a fantastic 'make ahead' soup that can be whipped up in minutes. You can save time by roasting the pumpkin while making dinner, and then store the roasted pumpkin in the fridge ready to make the soup the next day. Roasting the pumpkin gives it a deeper, sweeter flavour. The crispy kale topping can also be made ahead and stored in an airtight container for 2 days. This soup freezes well so don't be afraid to make a large pot!

Ingredients

½ pumpkin (700 g) cut into large chunks, leave the skin on

2 tablespoons extra virgin olive oil

1-2 medium onions, diced

1 leek, finely sliced

4 garlic cloves, chopped

1 litre reduced salt stock

1 teaspoon thyme, chopped

½ cup reduced-fat coconut milk

Kale Topping

6 leaves of kale (washed and sliced, removing the hard stem on the leaf)

1 garlic clove, crushed

1 tablespoons olive oil

1 teaspoon sesame oil

1 small chilli (deseeded), finely chopped

Method

On a flat tray lined with baking paper place large chunks of pumpkin with their skin on and drizzle with a little olive oil. Cook at 190C° for 30 minutes or until the pumpkin is coloured and softened. Set aside to cool.

In a large pot, add olive oil and set heat to medium. Add chopped onions, garlic and leeks and saute for 5-10 minutes until softened. Add thyme and pumpkin, removing the outer skin and any seeds.

Add stock and bring to a simmer for 15 minutes. Use a blending stick to make a smooth soup or a potato masher to keep it chunky. Stir in coconut milk and season with a little white pepper to taste.

For the crispy chilli kale, wash 6 leaves of kale and fold in half long ways to slice off the stem. Stack the six leaves on top of each other and finely slice the kale together.

Heat a saucepan with olive oil and sesame oil to medium-high heat. Add the crushed garlic, and finely chopped red chilli and stir. Carefully add the kale and stir continuously until the kale is crispy. Remove to cool and place on top of hot soup.

Cook's Tips

1 Crispy kale can be kept in a separate sealed container for 2-3 days. The soup can be stored in the refrigerator for up to 3-4 days or frozen for up to 3 months.

2 When roasting the pumpkin you can also add the whole onions with the skin removed to roast as well.

Nutrition information:	Per serve	Per 100g
Energy (kj)	1433.12	231.90
Fat - total (g)	20.85	3.37
Fat - saturated (g)	5.29	0.86
Carbohydrates (g)	21.87	3.54
Sugars (g)	17.43	2.82
Water (g)	543.74	87.99
Protein (g)	13.30	2.15
Sodium (mg)	425.05	68.78
Fibre (g)	8.83	1.43

HEALTHY LOADED MUSHROOM BURGER

Prep: 5 minutes **Cook:** 25 minutes **Serves:** Serves 4

Ingredients

spray olive or canola oil spray

1 red onion

4 large flat field or Portobello mushrooms

to taste pepper

4 slices reduced-fat cheese

4 eggs

4 wholegrain or sourdough rolls

2 tbs chutney or relish

1 avocado, sliced

1 tomato, sliced

4 pickled cucumbers or gherkins, sliced thinly lengthways

4 leaves lettuce

Method

1. Spray a barbecue plate or large griddle pan with oil and heat on high. Slice onion into 1-2 cm thick slices, keeping rings intact. Place on grill and cook for 4-5 minutes each side.
2. Trim the mushroom stalk and place on the barbecue, stalk side down. Cook mushrooms 4-6 minutes then flip, season with pepper and cook mushrooms a further 2-4 minutes. Add cheese slice and cook for 2 more minutes until mushroom is cooked through and cheese is melted.
3. Spray a large non-stick fry pan or flat barbeque plate with oil and heat over medium heat. Crack eggs carefully into the pan and cook until tops of white are set but yolks are still runny.
4. Slice bread rolls in half and hollow out the tops to make more room for the fillings if you need. Lightly toast if desired.
5. To assemble burgers, spread each roll base with chutney, add cooked onion slice, a cheesy mushroom and an egg. Fill each roll top with ¼ avocado then load up with tomato, pickles and lettuce. Carefully sandwich both roll halves together and secure with a wooden skewer. Serve immediately.

Variations

Other tasty burger additions: grilled pineapple, fresh or canned beetroot, sauerkraut or coleslaw.

Adapted with permission from LiveLighter. LiveLighter® State of Western Australia 2025: www.livelighter.com.au

HEALTHY MOROCCAN BAKED EGGPLANT

Prep: 25 minutes **Cook:** 50 minutes **Serves:** Serves 4

Ingredients

2 eggplants

spray olive or canola oil spray

1 onion, diced

4 cloves garlic, finely chopped

1 tbs ground cumin

2 tsp ground cinnamon

1 tsp turmeric

to taste pepper

3/4 cup wholemeal couscous

1 x 400 g can no-added-salt brown lentils, drained and rinsed

1 x 400 g can no-added-salt diced tomatoes

1 lemon, zested and cut into wedges

2 tbs raisins

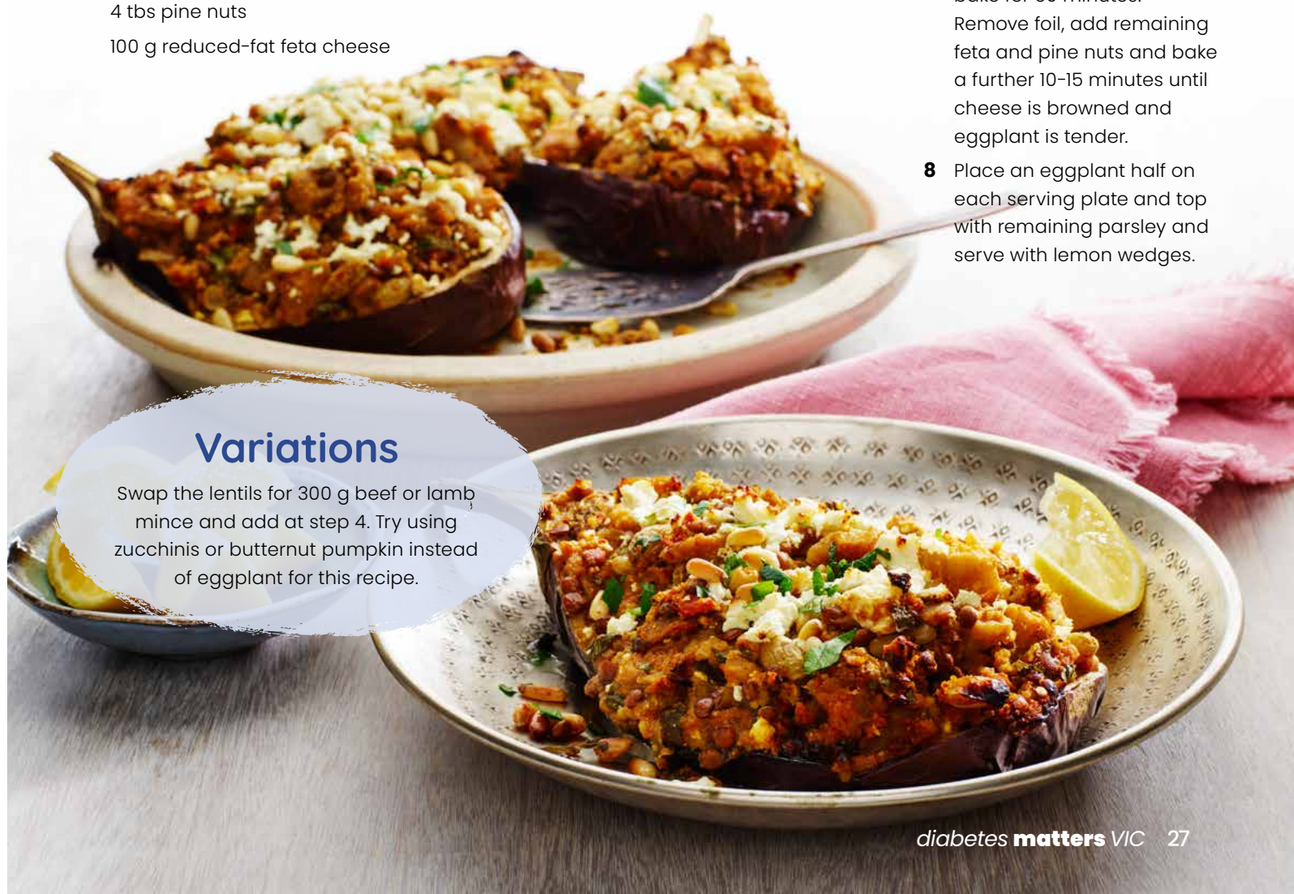
1/2 cup flat-leaf parsley, chopped

4 tbs pine nuts

100 g reduced-fat feta cheese

Method

1. Preheat oven to 200°C (180°C fan-forced) and line a tray or oven-proof dish with baking paper.
2. Halve eggplants lengthways. Create a cavity by cutting a 1cm-wide border around the edge of each eggplant half. Use a teaspoon to scoop out the flesh then dice and reserve for filling.
3. Put eggplant shells in the oven (even if it's not fully heated yet) while you prepare the filling.
4. Place a large non-stick saucepan on medium-high heat and spray with oil. Cook onion for 3 minutes, stirring occasionally. Add garlic and spices and cook for another minute until fragrant.
5. Add eggplant flesh, couscous, lentils, tomatoes, lemon zest and raisins, and half each of the parsley, pine nuts and feta. Stir to combine.
6. Remove the eggplants from the oven and fill with the couscous and lentil mixture.
7. Cover tray with foil and bake for 30 minutes. Remove foil, add remaining feta and pine nuts and bake a further 10-15 minutes until cheese is browned and eggplant is tender.
8. Place an eggplant half on each serving plate and top with remaining parsley and serve with lemon wedges.



Variations

Swap the lentils for 300 g beef or lamb mince and add at step 4. Try using zucchinis or butternut pumpkin instead of eggplant for this recipe.

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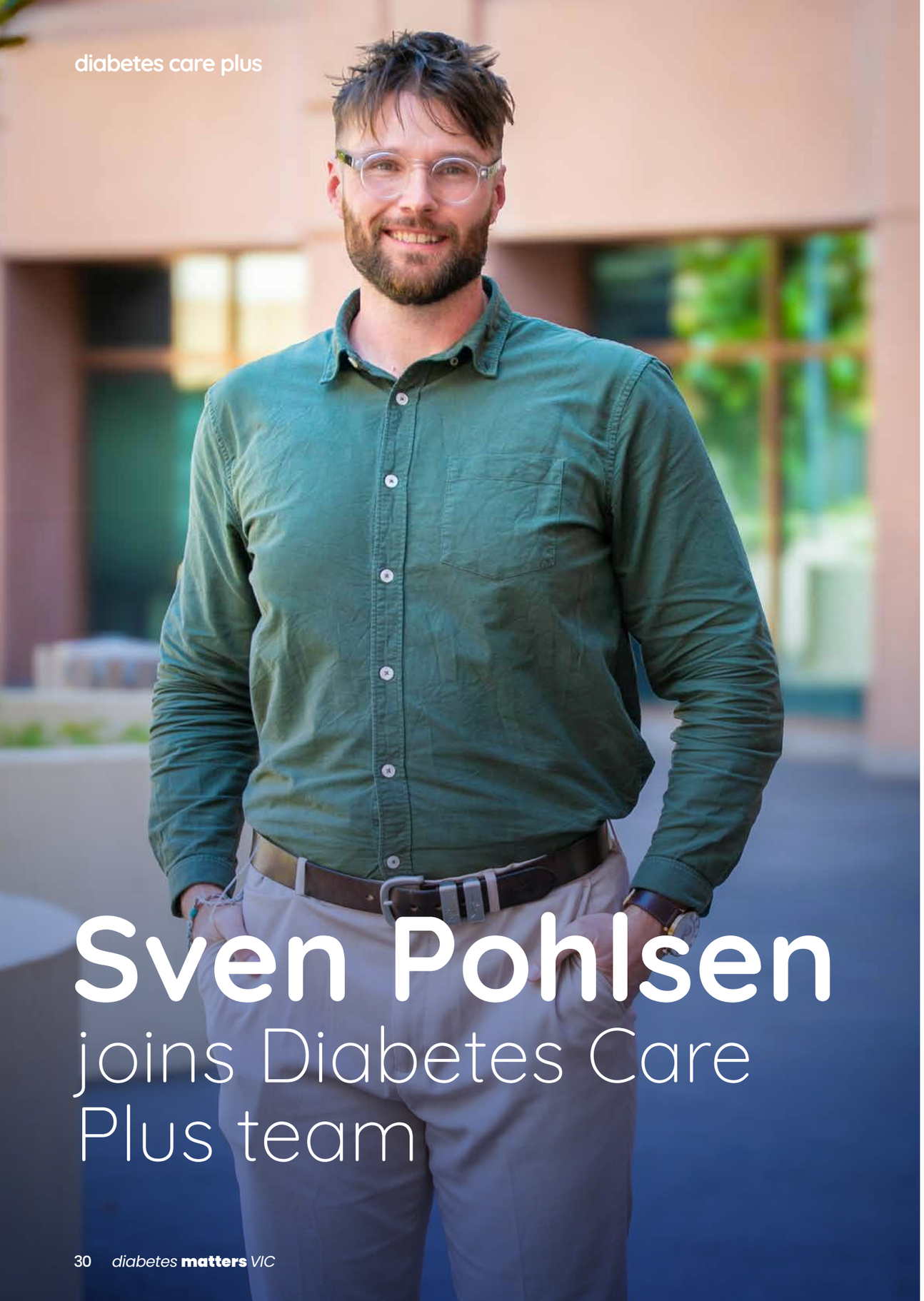

Sven Pohlsen joins Diabetes Care Plus team

If Sven Pohlsen seems a familiar face, it's likely because he's been supporting the Diabetes Victoria community for many years. A former Gwen Scott grant recipient, Sven is a nurse practitioner and diabetes nurse educator. He has generously given his time to volunteer at diabetes camps, host events, and present webinars about diabetes technology. He is now bringing his warmth, expertise and lived experience to Diabetes Care Plus.

Sven grew up in regional Victoria, and his country upbringing has informed his approach to diabetes care.

"I was diagnosed with type 1 diabetes at 12 years old. I was lucky to have a great diabetes educator out in the Western District where I grew up, near the Grampians," Sven explains.

"The care teams are smaller in the country, and you know everyone. You see the same people often and it feels more intimate.

"You talk about life outside of managing the care plan. Developing trust and rapport is so important because it makes you seem more credible. It doesn't matter how many letters you have after your name or what accreditations you have.

"Building that foundation of trust and respect is key."

An expert with lived experience

Sven remembers the moment he decided to pursue a career in diabetes care, during a conversation with his own endocrinologist.

"I asked about the process of working in the field and he suggested getting involved through diabetes education," he says.

"For me, this work is about self-empowerment and being an advocate for those living with the condition, to empower them to be the best they can be.

"I love hearing people's stories and helping people to comfortably and confidently manage diabetes."

Sven now has over fourteen years of experience as a diabetes nurse educator and has worked in hospitals across Victoria.

"In my experience, what works really well is having goal directed care planning," he says.

"Talking with people and asking them what their goals of care are, then making small incremental goals to achieve that bigger picture."

He understands first-hand how daunting diabetes management can be, and how reassurance from a trusted health professional can provide comfort and relief.

"Some people are quite scared, they might have a needle phobia for example," he says.

"Or for those who have had frequent hypoglycaemia they can become anxious about keeping their sugar levels high for a long time.

"I found during my previous work in paediatrics; it's about giving comfort and reassurance to parents as well. Developing frameworks of self-management and helping people and families become comfortable with managing the condition is the most rewarding aspect of the job."

Taking the journey together

Sven's role at Diabetes Care Plus is his first as a nurse practitioner, after completing his Master of Advanced Nursing at Deakin University in 2024.

"This is a return to community-based nursing for me. The last time I worked in community-based health was in 2018, so I'm looking forward to getting more of that connection and working with clients more closely," he says.

"What really excites me in general about the diabetes space is the way technology is rapidly evolving. Continuous glucose monitors and insulin pump systems are changing diabetes management completely.

"I'm looking forward to going on this journey with clients, working out what we can do to keep them healthy and safe, and connected with their overall care team."

Sven's practice has a strong focus on diabetes technology and supporting people to navigate the day-to-day realities of living with diabetes.

Book an appointment with Sven here:

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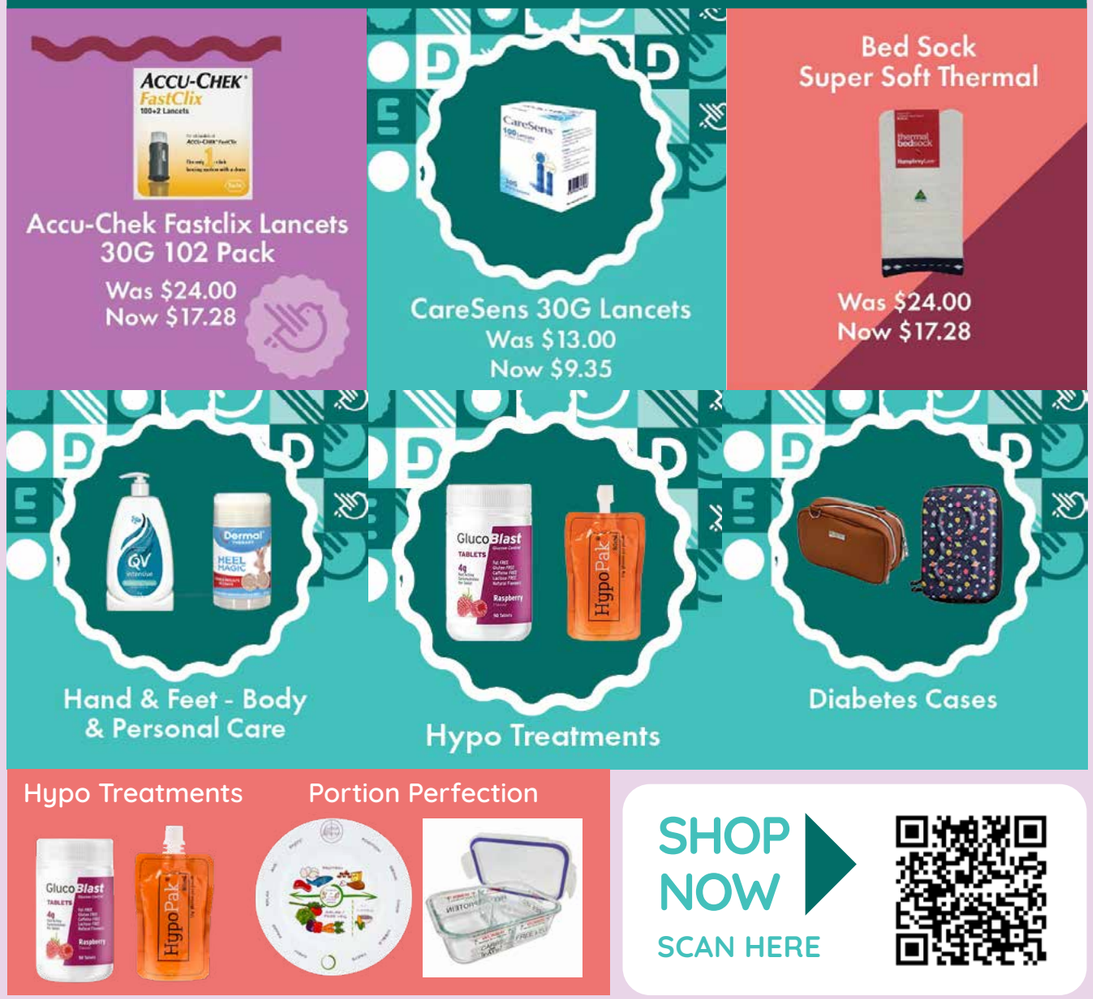

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Living with TYPE 3C DIABETES

For more than a decade, 82-year-old Kevin Tavener has been living with type 3C diabetes, a less common type of diabetes which develops when an illness causes damage to the pancreas.

In 2015, Kevin started experiencing severe abdominal pain and vomiting. His wife Gail called an ambulance, and blood tests at the Bendigo Hospital emergency department revealed he had pancreatitis.

"My GP ordered x-rays, ultrasound, a CT scan and MRI, and eventually the diagnosis came back as pancreatic cancer," Kevin says.

"I was very fortunate to be referred to Mr. Adrian Fox, a brilliant surgeon at St. Vincent's Hospital in Melbourne. The life-saving surgery would require removing the pancreas, gall bladder, spleen, part of the stomach and small intestine, which of course was all very scary.

"However, the alternative was to not be here at all in a matter of months, maybe a year at most."

After the 8-hour operation, Kevin immediately became insulin dependent – he would need to manage type 3c diabetes for the rest of his life.

"I was feeling positive that I would be okay when I woke up, but I was also thinking 'how are we going to manage this?'" Kevin says.

"I was extremely well looked after at St. Vincent's Hospital by doctors and nurses, and I can't speak highly enough of the treatment they all gave me.

"The diabetes educators back home in Bendigo were wonderful but had not dealt with 3C diabetes. Gail and I had trouble getting our heads around all the things that were important and how quickly we had to act in the event of a hypo or hyper levels."

"When I was waiting to be discharged, I was in a room with around 10 other patients. A nurse came in carrying a huge white foam box and I said to Gail, 'this will be full of medications for all of these patients.'

"I was sort of right, because it was a box full of medications, but it was all for me!"

He says learning to manage type 3c was a steep learning curve, made easier with Gail's support and regular appointments and phone calls with a diabetes educator.

"Gail has a very logical mind and researched as much as she could," Kevin says.

"It's been very challenging for her, as she's had to bring me back from disastrous lows on many occasions in those early years.

"I have kept a very comprehensive daily diary, and this is an enormous help to me, as I can look back and see what I did in certain situations at any time over those 10 years."

> "Learning to manage type 3c was a steep learning curve, made easier with Gail's support and regular appointments and phone calls with a diabetes educator."

During a recent stay in hospital after two heart attacks, Kevin found the doctors and nurses taking care of him knew very little about managing type 3C diabetes.

"Gail took things into her own hands by typing up information sheets with relevant details," Kevin explains.

"There was a sheet with contact numbers for my GP, endo, Diabetes Victoria and NDSS, among others, a list of medications, and details about the sliding scale I use for my insulin."

"I am often fatigued and sometimes confused, especially when a low is coming on, but I remain very happy and positive.

"Thankfully, I have the best expert on this type of diabetes living with me! I am very grateful to be loved and supported by Gail and to be here enjoying life."

Life on an **even keel**

Managing type 1 diabetes and working in a physically demanding job is no mean feat. Paul Slevin has been doing just that for four decades, with a side of another vigorous hobby – sailing.

Paul was recently celebrated by his workplace, Pickering Joinery in Geelong, for 40 years of employment. His work as a joiner now sees him build timber windows and doors, but over the years he's also created custom kitchens and staircases. He's been honing his craft since he began his apprenticeship at age 16, all while managing the ups and downs of diabetes.

"It can be quite a physical job, so I'm careful about eating more when I'm working and having a bit less insulin," Paul says.

"You just hope you don't collapse in a heap, but I've done that a few times!"

He says he feels lucky to work for a family business where he feels supported.

"Everyone looks out for me at work, if I'm ever wandering around looking a bit dazed, someone's always coming up to ask if I'm okay or if I need something," he says.

"They're a pretty good bunch over there. A few guys, like the First Aid trained people keep an eye out, and everyone else knows I live with type 1.

"If I don't look too good, we usually get it sorted quickly.

"The work can be strenuous some days, and other days it's not too bad. I can keep my levels relatively stable by eating more, but it's never an exact science."

Paul received his Kellion Victory Medal in 2022 and credits 54 years of living well with diabetes to his positive attitude, keeping active, and his partner, Maree.

"I have lost count of how many times she has given me food, drink, called an ambulance, or got up in the middle of the night to revive me from a hypo and get me back on track," he says.

"My daughter, who just turned 20, is another big support and so were my brother and sister when I was growing up.

"I've embraced managing diabetes as part of my daily life and I've never let it stop me from pursuing anything, be it work or sport or time with family and friends.

"I've been sailing for 30 odd years. I wanted a radio-controlled boat when I was a little kid and when we looked at prices, we found out you can buy a real boat for the same price.

"So, I ended up buying a real one."

Paul learnt how to sail said boat and never looked back, progressing to state and world titles with his sailing crews over the decades.

"I travelled to Canada for the Thunderbird Internationals during the '90s, we had a good time over there," he recalls.

"I've always felt like, 'if you want to do something, go and do it.' Life is short and you might die tomorrow!"

Paul says he only remembers a few occasions where diabetes management has impacted his sailing.

"Once I was doing something on the boat and dropped in a heap, so the crew shoved me downstairs, stuck a glucose needle in my arm and 5 minutes later I was back on deck," he says.

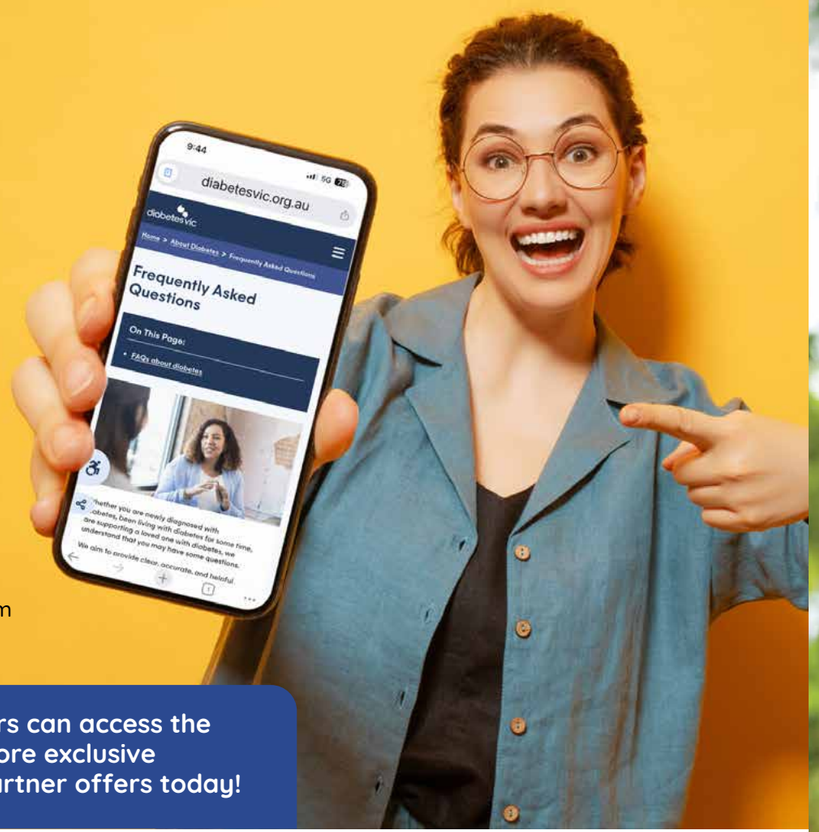
"I think if you do some exercise and get out and do stuff, that's better than sitting at home on the couch.

"I've always found that when I'm at work five days a week my numbers are great, and when I'm on holidays and I slow down the blood glucose level goes up a bit.

"Moving around and staying active is good for everyone and it's certainly helped me manage type 1.

"I'm looking forward to the next milestone."

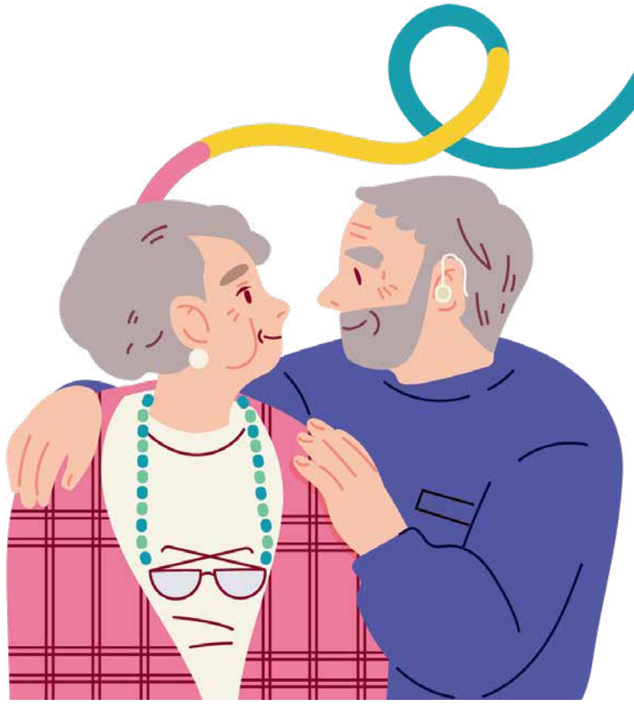
Visit the Diabetes Victoria website



For more articles about eating well, moving well and living well with diabetes, check out the Diabetes Victoria website. You'll find recipes, updates about the latest diabetes technology, member stories, tips from health professionals, and more.

Diabetes Victoria members can access the members hub for even more exclusive content, discounts and partner offers today!

Free Support for Carers



Are you a carer? Carer Gateway is an Australian Government program providing free services and support to help carers with their mental and emotional wellbeing.

This may include counselling, coaching, practical assistance, tailored support packages, peer support groups, and emergency or planned respite.

If you're caring for a family member or friend, remember – you're not alone.

Call 1800 422 737

Monday-Friday 8am-5pm

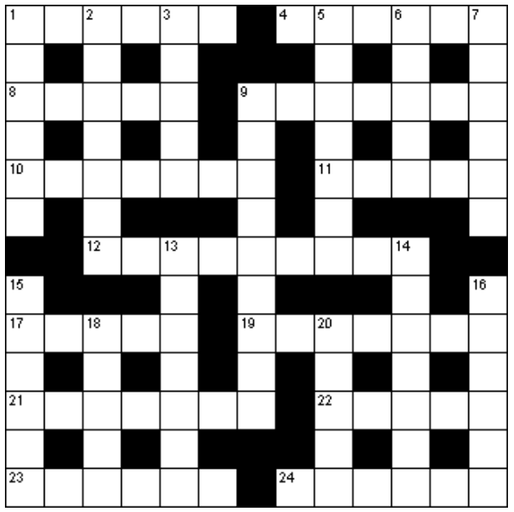
carergateway.gov.au

Carer Gateway
An Australian Government Initiative

Holstep Health

PUZZLES

CROSSWORD



Across

1 Pact (6)
4 Fleet of ships (6)
8 Pulsate (5)
9 Savings (4,3)
10 Nuclear energy producer (7)
11 Sum (5)
12 Fell asleep (6,3)
17 Cuban dance (5)
19 Disregarded (7)
21 Cowboy story (7)
22 Move effortlessly (5)
23 Something uncommon (6)
24 Accentuate (6)

Down

1 Blood vessel (6)
2 Sure (7)
3 Moroccan capital (5)
5 Italian dish of rice cooked in stock (7)
6 Broker (5)
7 Heavenly spirits (6)
9 Scandinavian language (9)
13 Most costly (7)
14 Stealthy (7)
15 Beer producer (6)
16 Vipers (6)
18 Mean person (5)
20 Hours of darkness (5)

WORDSEARCH

D W O R C A R M T H E R D
A T S O H A G R O U D K F
E Y R D B D I C G B N C L
D E G B B B L A P T A A O
U H L A E U G L O H B P C
T E L P S G E H O R D E K
I M U T L S O R R O P P L
T A E E O C E G T N H M R
L R A G C M D M G G E C O
U A A R M Y R A B V T B S
M S H O A L N A O L O E M
D L D U B G I R W A Y V S
L A T P L C D H Y S G Y D

army
assembly
band
bevy
cluster
crowd
drove
flock
gaggle
gang
group
herd
horde
host
mob
multitude
pack
rabble
school
shoal
swarm
throng
tribe
troop

CODEWORD

Codewords are like crossword puzzles - but have no clues! Instead, every letter of the alphabet has been replaced by a number, the same number representing the same letter throughout the puzzle.

All you have to do is decide which letter is represented by which number!

To start you off, we reveal the codes for two or three letters.

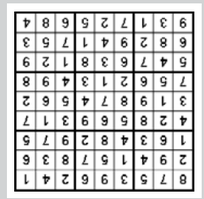
With these letters filled in throughout the puzzle, you'll have enough clues to start guessing words and discovering other letters.

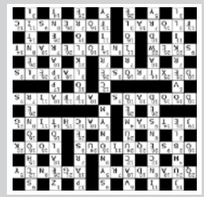
	19		11		6		9		17		1		9	
23	24	18	8	10	18	7	5		18	21	26	8	12	5
	4		12		12		8		7		18		15	
16	2	9	26	23	24	11	16	24	9		3	16	16	20
	3		8		24		8		26		16		16	
19	26	14	9	18	4		5	18	12	15	14	11	8	21
			26		26		4						26	
10	16	16	10	18	10	9		18	13	13	18	11	7	9
	6						12		16		17			
10	26	25	14	7	16	9	26		3	18	17	26	3	9
	7		18		7		7		20		18		26	
9	20	26	22		11	8	14	16	3	26	7	18	8	14
	11		10		16		11		16		26		14	
13	3	16	7	18	3		13	16	7	26	8	9	11	12
	3		5		26		5		26		14		3	

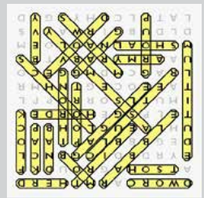
A B C D E F G H I J K L M
N O P Q R S T U V W X Y Z

1	2	3	4	5	6	7	8	9	10	11	12	13
14	15	16	17	18	19	20	21	22	23	24	25	26

ANSWERS







SUDOKU

	7		3					
		4	1	5	7	8		
				8		9		5
	2			6				
3		9				5		2
				1			9	
5		7		3				
		2	9	4	1	7		
					5		8	


diabetes vic
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