



Please read this instruction leaflet before use. It will explain what HYPO DUO is and how to use it. These instructions do not contain all available information related to treating hypoglycaemia. Speak to your diabetes health professional for individualised advice.

What is Hypoglycaemia?

Hypoglycaemia (hypo) is defined as a blood glucose level (BGL) <4.0 mmols/L or <70mg/dL. Hypos occur in people with diabetes, as a side effect of insulin therapy (injections/pumps) or Sulphonylureas (tablets). Hypos may or may not be accompanied by signs and symptoms¹ (as pictured below).

Some Common Hypo Symptoms



Shaking



Rapid heartbeat. anxiety and panic



Hunger



Sweating



Headache & inability to concentrate



Dizziness & weakness

What is recommended target range?

A target range for BGLs varies depending on age, physical activity levels, health conditions and medications. A general guide is between 5-10mmol/L or 90-180mg/dL; closer to 5mmol/L or 90mg/dL before meals. A diabetes health care professional (e.g. doctor, credentialed diabetes educator) can help determine individual target, or 'safe' blood glucose ranges.

Common Causes of Hypoglycaemia²

- Not enough carb in meal or snack to match insulin given.
- More than usual physical activity.
- Delayed, skipped or forgotten meal or snack.
- Too much insulin with meal or snack.
- Too much insulin when correcting high BGL.
- · Giving rapid acting insulin too soon with low GI (Glycaemic Index) or high fat meal.
- Drinking alcohol without eating enough carb.

What HYPO DUO is used for

HYPO DUO is designed to assist with mild-moderate hypoglycaemia, where the person experiencing hypoglycaemia is conscious and able to consume the product.

HYPO DUO is based on a product formulated to meet current and international recommendations, which aim to raise **blood glucose to target range within 15 minutes** (evidence shows 15g glucose gives adequate symptom relief for most people¹).

and maintain blood glucose in target range for up to 2 hours.

The international recommendations include the following two steps:

- Step 1 Consume 15g high GI (Glycaemic Index), also known as fast acting carbohydrate (carb).
 Wait 15 minutes for the glucose to be absorbed, then recheck BGL if BGL in target range, proceed to Step 2. If not back in target range, repeat Step 1 and recheck BGL.
- Step 2 consume 15g low GI, also known as slow acting carb1.

How to use HYPO DUO

Consume Step 1 sachet if BGL is low, whether you have symptoms or not, or if you are unable to check your BGL but are experiencing hypo symptoms.



Wait **15 minutes** for the formula to be digested. Recheck your BGL.



Consume **Step 2 sachet** if BGL in target range.

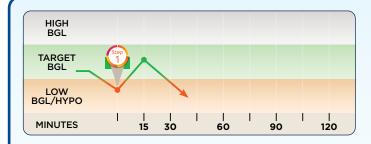


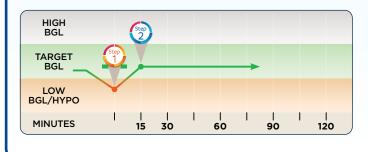
If BGL still low, consume another Step 1 sachet, wait 15 minutes, recheck BGL and consume Step 2 when BGL in target range.

HYPO DUO STEP 1: Meets the recommendations of 15g fast acting carb (high GI) **HYPO DUO STEP 2:** Meets the recommendations of 15g slow acting carb (low GI)

DO NOT PROVIDE ANY ORAL TREATMENT TO A PERSON WHO IS UNCONSCIOUS, OR UNABLE TO SWALLOW. CALL FOR EMERGENCY ASSISTANCE IMMEDIATELY

The amount of glucose needed to treat a hypo may vary depending on the person's size, age, recent insulin doses, recent exercise, type of insulin and insulin delivery system^{3,4}. These factors can result in scenarios of overtreating or undertreating a hypo as illustrated on the following pages⁵.







Scenario A: Hypo treatment incomplete

- If a hypo is only treated with fast acting carb (Step 1), BGLs may drop again soon after.
- Fast acting carb will work quickly to raise BGLs, but often won't keep them in target range.



What you could do to treat your hypo more effectively

- Consume 15g of fast acting carb (Step 1).
- Check BGL 15mins later.
- Consume 15g of slow acting carb (Step 2) if BGL is back in target range.
- If BGL is not in target range, consume another 15g fast acting carb (Step 1), and wait 15mins before checking your BGL again. Consume long acting carb (Step 2) when back in target range.







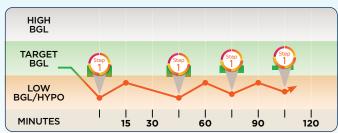
Scenario B: **Over-treatment**

• If your BGL is on the lower end of your target range, you may anticipate a hypo and consume fast acting carb (Step 1). This may result in your BGL exceeding target range.

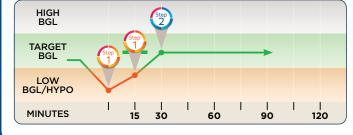


What you could do to manage your BGL more effectively

 If your BGL is low but not below target range (hypo), you may only need 15 g of slow acting carb (Step 2) to prevent BGLs dropping too low, and maintain BGLs.









Scenario C: **Prolonged Hypo**

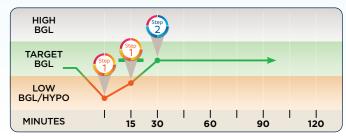
- If your BGL is very low, you may not reach target range after consuming 15g of fast acting carb (Step 1).
- Repeatedly doing may result in a prolonged hypo.



What you could do to treat your hypo more effectively

- If 15g of fast acting carb (Step 1) doesn't bring your BGL into target range after 15mins, consume another 15g of fast acting carb (Step 1), and wait another 15mins before checking BGL again.
- Consume 15g of slow acting carb (Step 2) when your BGL is back in target range to maintain BGLs.







Scenario D: **Prolonged Hypo - under treatment**

- If your BGL is very low, you may not reach target range after consuming 15g of fast acting carb (Step 1).
- Consuming slow acting carb (Step 2) may maintain BGLs in hypo range.



What you could do to treat your hypo more effectively

- If 15g of fast acting carb (Step 1) hasn't enabled our BGL to reach target range after 15 mins, consume another 15g of fast acting carb (Step 1) and wait another 15mins to ensure your BGL reaches target range.
- Consume 15g of slow acting carb (Step 2) when your BGL is back in target range to maintain BGLs.







Scenario E: Over treated with Step 1

 If your hypo is just slightly below target range, 15g of fast acting carb (Step 1) may result in overtreating your hypo.



What you could do to treat your hypo more effectively

- If you notice BGLs rising above target range after 15g of fast acting carb (Step 1), less fast acting carb (Step 1) may be needed. Try only 7-8g of fast acting carb next time (1/2 Step 1).
- Consume 15g of slow acting carb (Step 2) when your BGL is back in target range to maintain BGLs.

References:

- 1 Jean-François Yale MD, CSPQ, FRCPC, Breay Paty MD, FRCPC, Peter A. Senior MBBS, PhD, FRC, Hypoglycemia. Diabetes Canada Clinical Practice Guidelines Expert Committee, 2018 Clinical Practice Guidelines, Canadian Journal of Diabetes Volume 42, 2018, Pages 104-108.
- 2 Mohajan D, Mohajan HK, Hypoglycaemia among Diabetes Patients: A Preventive Approach. Paradigm Academic Press, Journal of Innovations in Medical Research VOL.2, No 9, September 2023.
- 3 Craig ME, Twigg SM, Donaghue KC, Cheung NW, Cameron FJ, Conn J, Jenkins AJ, Silink M, for the Australian Type 1 Diabetes Guidelines Expert Advisory Group. National evidence based clinical care guidelines for type 1 diabetes in children, adolescents and adults, Australian Government Department of Health and Ageing, Canberra 2011.
- 4 Jana Urbanová MD, PhD, Brian M. Frier BSc, MD, FRCP, Arian Taniwall, Klára Brožová MD, Jana Malinovská MD, Aviral Chandel, Jan Brož MD. Optimal Carbohydrate Dose for Treatment of Non-severe Hypoglycemia in Insulin-Treated Patients with Diabetes: A Narrative Review. Canadian Journal of Diabetes, Volume 46, Issue 7, October 2022, Pages 743-749.e4
- 5 Murillo S, Brugnara L, Maduell X, Management of Hypoglycemia in Adults with Type 1 Diabetes in Real-Life Condition, Ann Nutr Metab 2020; 76:277-284

This information has been created by Credentialed Diabetes Educators and Dietitians from HYPO DUO

Do not use if

- The expiry date on the sachet has passed.
- The packaging is damaged or shows signs of tampering.
- A seizure has occurred, and/or the person is unconscious or unable to swallow.

Hypo information here



Dairy Free







