

# Life



## with diabetes

Juvenile Diabetes Research Foundation International

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### Ask a Medical Professional

#### Managing Diabetes: You and Your Doctor

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Mother of Will, age 13, diagnosed age 2

Your physician—a primary care physician or an endocrinologist—or coordinated healthcare team will provide you with helpful advice, information and care, but you must take the initiative in managing your condition. Undoubtedly, you've already established a daily management plan with these health professionals and you're making it a part of your or your child's daily routine. The next step is to make a commitment to maintaining an ongoing relationship with your medical team for a healthy and active life.

In general, you should expect more frequent visits to the doctor than before diagnosis. The National Institutes of Health advises weekly medical follow-ups for a person newly diagnosed with type 1 diabetes until good control of blood sugar is achieved. After that, visits to the doctor will probably become less frequent. As a rule, it is recommended that all type 1 diabetes patients see their doctor at least once every three months. More frequent visits may be necessary when a patient's blood glucose is not tightly controlled.

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### Ask a Parent

**Q:** How do I help my 8-year-old daughter understand the seriousness of her choices as related to her diabetes (such as sneaking food and thinking that all she needs is a shot to correct her high blood sugar)? What kinds of consequences work with someone her age?

**A:** I am the mother of a teenage girl who has type 1 diabetes and I understand your concern. Let me offer some suggestions based on my experiences, although they are not to be taken as medical or legal advice.

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### Ask A Teen

**Q:** I have type 1 diabetes and I am allergic to nuts. I am going to college this coming September and I will be living in a dorm on campus. What should I do for food? Should I buy my own food or use the cafeteria?

**A:** Hopefully I can relieve some of your concerns about your future college experience. As I'm only a volunteer with JDRF and not a doctor or lawyer, I can't offer you any official medical or legal advice but I can give you some tips about having diabetes in college as I'm a recent graduate of a four-year college and also have type 1 diabetes.

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### What's New on the JDRF Website?

#### Blogger Roundtable Series

Summer is already upon us, and the topic of discussion for this month's JDRF Blogger Roundtable series is how to simplify traveling with diabetes. Our nine bloggers—who have type 1 diabetes and have written extensively about it online—cover issues like packing techniques, adjusting to changes in climate and time-zones, going through security checkpoints, and managing supplies for longer duration trips. They share some of their own personal experiences and give some practical, helpful tips!

[Click here to read more](#)

### What a JDRF Chapter Can Do For You

This summer, some JDRF chapters are offering support in ways that embrace the great outdoors and the end of the school year. To enjoy the warm weather, the Kansas City chapter is hosting their summer meetings at neighborhood pools. They also just had their 1st annual Graduation Dinner to celebrate recent graduates, where endocrinologists and psychologists addressed the exciting transition to college the students will make in the fall. And for the sports fans, the Charlotte chapter in North Carolina is holding their Night at the Knights event, where families get to play with the local baseball team and share their thoughts on life with diabetes. Contact your [local chapter](#) to find out about summer activities available near you.

## Ask a Medical Professional

### Managing Diabetes: You and Your Doctor

*continued from page 1*

During your checkups, you will start undergoing regular diagnostic tests and treatments. Seeing your doctor for these tests and following other routines, such as going to the dentist regularly, are important because these medical professionals look for conditions associated with diabetes. The results of these measurements will help your doctor determine future treatment options that may favorably impact the future course of your diabetes and help ensure a healthier future.

- **Monitor blood sugar levels:** Daily blood sugar testing is one of the best ways a doctor has to evaluate everyday management of diabetes and determine the effectiveness of the treatment plan. Your doctor should evaluate the blood sugar meter results you'll be keeping track of at each visit.
- **Test for Hemoglobin A1C:** The "A1C" is a blood test that reflects the average blood sugar control over a 2 to 3 month period. The test allows doctors to evaluate the effectiveness of the treatment plan. The test should be repeated every three months. For people without diabetes, the normal range for the A1C test is between 4 to 6 percent. The goal for people with diabetes is to have an A1C less than 7 percent, although glycemic goals may be modified somewhat with a young child. Research studies have shown the risks for diabetic complications decrease for people with A1C levels in the goal range.
- **Monitor height and weight.** Doctors will monitor height and weight in children with diabetes to assure that the child is growing adequately.
- **Monitor blood pressure:** Since elevated blood pressure can lead to complications, blood pressure should be tested at each doctor visit. Before diagnosing high blood pressure, doctors take readings on three separate days. You need to keep your blood pressure within the levels appropriate for your age. To determine the normal blood pressure level for a child's age, sex, and height, go to [www.nhlbi.nih.gov/health/public/heart/hbp/bp\\_child\\_pocket/bp\\_child\\_pocket.pdf](http://www.nhlbi.nih.gov/health/public/heart/hbp/bp_child_pocket/bp_child_pocket.pdf).

- **Monitor blood fat levels:** Lipid levels are important to monitor since high levels of cholesterol and triglycerides can contribute to such diabetic complications as heart disease. Everyone with type 1 diabetes at puberty or older should have their lipid levels tested at diagnosis once glucose control has been established. In younger children, testing at diagnosis should be done if there is a history of high cholesterol in the family or if a family member has had a cardiovascular problem before the age of 55. If the results are normal, the lipid screen should be repeated every 5 years. If abnormal, tests are repeated annually.
- **Get an annual flu shot:** A yearly flu shot is recommended for all people with chronic illnesses, including diabetes. At present, it is not recommended that people with diabetes take the live oral/nasal form of the flu vaccine. Instead, they should receive their flu vaccinations by injection. Flu shots are given in the fall months.
- **Test for thyroid disease:** In patients with type 1 diabetes, thyroid disease is the most common additional autoimmune disease to develop. Some estimates put the rate of thyroid disease as high as one out of every three people with type 1 diabetes. Screening is done through simple blood tests and is recommended for all children and adults with type 1 diabetes at diagnosis, once good glucose control has been established. If normal, thyroid levels should be retested every 1-2 years.
- **Test for celiac disease:** Celiac disease, the second most common autoimmune disease associated with type 1 diabetes, occurs when the body is unable to digest gluten (wheat protein). Screening is accomplished through a blood test, as well as a one-time test for gluten levels. Many physicians recommend screening at the time of diagnosis and every four years thereafter, or if you develop symptoms such as diarrhea, weight loss, abdominal pain, poor growth, or other gastrointestinal symptoms. Both thyroid and celiac disease can develop subtly, without obvious symptoms, making screenings imperative. For more information on celiac and diabetes, [click here](#).
- **See your dentist:** Good oral health is essential for all people with diabetes. Schedule a thorough dental cleaning and examination every six months, informing your dentist and hygienist that you have diabetes.
- **Test for kidney disease:** An annual urine test to detect small amounts of protein in the urine (referred to as microalbuminuria) should be done once a child has reached the age of 10 or has had diabetes for 5 years.

- **Have your eyes tested:** An eye test involves dilating the eye and doing a thorough examination of the retina. This should be done for the first time once the child has reached the age of 10 or has had diabetes for at least 3 years. An annual eye exam is recommended for everyone with diabetes, although some ophthalmologists may recommend testing less often in young children.

- **Screen for complications:** Because most doctors and most patients adhere to a treatment plan calling for tighter control, the incidence of long-term complications related to the eyes, kidneys, nerves, and cardiovascular system are lower than in the past and are rare in children with type 1 diabetes. Your ultimate goal—and your doctor’s—is not to see any long-term complications, ever. Nevertheless, many doctors take baseline kidney, liver function, and eye exams soon after diagnosis, and may repeat those tests at varying intervals. Such baseline tests help your doctor make sure that no underlying problem existed before diabetes occurred.

## Taking Control

Being informed about these medical tests is part of effective self-management and provides you with a good way to open up communication with your doctor. Ask questions if you see the test results not falling within the normal ranges or if the tests are not being given in the generally recommended frequency.

In addition to the critical information provided by tests taken at the doctor’s office, you can do your part at home as well. To help you in your daily management responsibilities and in making a complete report to your doctor, get in the habit of keeping complete records. Your home blood glucose monitoring record is essential, but a record of blood sugars alone is not enough. If you’re not already doing so, begin recording insulin doses, carbohydrate intake, physical activity, and other pertinent events (such as eating out, illnesses, stresses, etc.) along with the blood sugars. That way, you and your healthcare team will have specific information to create an effective diabetes care plan for you or your child.

Bottom line: Improved blood glucose management and treatment advances are helping people with diabetes to lead healthier lives and prevent or delay complications. With you as the lead member of your diabetes team, you can make a real difference.

## What if I’m in the “Honeymoon Period”?

When blood sugar levels improve or even return to the normal range soon after diagnosis, you are in what is called the “honeymoon period.” This is a time when the remaining insulin-producing cells in your pancreas are working harder to supply enough insulin for your body. Treatment during this time may include:

- Talking with your doctor every day or so until the honeymoon period is over.
- Monitoring blood sugar frequently to see whether it is rising.
- Taking very small amounts of insulin or no insulin. Even though you may not need insulin, some doctors prefer that you take small doses of insulin daily throughout the honeymoon period. This may decrease the stress on the pancreas. It may also help prevent children with diabetes from thinking that the disease is gone.

## Ask a Parent

### Help from JDRF’s Online Diabetes Support Team

*continued from page 1*

1. First, I would try to reward her for good blood sugar numbers. In the beginning, maybe choose something she likes, like a small toy, to give her an incentive for positive behavior. I used to have my daughter come to the grocery store with me and she would pick out some Hershey sticks for herself. She loves them and, once in awhile, it is ok for her to have them.
2. Next, I would discuss the possibility of switching to an insulin pump with your medical provider. That might give her more freedom when eating, as some insulin is continuously going into her body.
3. I would also have your health care provider/dietician meet with her and explain the importance of her food choices. Sometimes kids listen to other adults more than to their own moms or dads. By having this discussion with a trusted professional, your daughter might begin to really understand that diabetes is a serious disease and that the consequences of eating junk food are not good.
4. Do you know of any other kids with diabetes that she could talk to? Talking to others can be an invaluable way of relieving the stress she might be feeling from having to monitor her blood sugar levels all the time.

I also think you should try to understand what is causing your daughter's behavior. It is possible she is just frustrated with the constant maintenance of the disease and just wants to be like her friends, so she's eating like them as a result. It might be helpful if you sat your daughter down and asked her if she truly understands how the disease affects her and how her body reacts to her eating habits.

I hope these ideas help! Let me know if you want me to put you in contact with your local JDRF chapter, which can be another great resource for information and ways to meet local families.

Have a question? Go to the JDRF Online Diabetes Support Team at [www.jdrf.org/diabetessupport](http://www.jdrf.org/diabetessupport).

### Ask a Teen

Most people with diabetes have very sensitive dietary needs so I understand your concern over how and if your diet will change at college. Most college dining halls and cafeterias have healthy options for their students. I would first recommend that when you get to your school, give the dining hall a try and see if you like the food they offer and if it allows you to continue with your current dietary plan. Some dining hall staff will provide you with carbohydrate counts for the food they serve if you ask for them. But if you can't find anything appropriate to eat there, talk to an administrator to see if they can provide you with other options. They should be able to accommodate you. From my experience most schools try very hard to cater to their students' needs, especially in regards to health-related issues. Plus, more and more schools understand the seriousness of various food allergies like yours and can accommodate you in some way.

If you are living in an apartment or dorm with a kitchen, perhaps you can find a balance between preparing your own meals and eating in the cafeteria. Being able to cook for yourself would be great if you want to have complete control over what you eat. Other times, you might not feel like cooking anything yourself so the cafeteria would be useful as well.

I hope this has helped you in some way; if you have any further questions, please feel free to email me back and I'll do my best to help you out. Otherwise, I can put you in touch with your local chapter of JDRF if you're interested.

Best of luck at college this year!

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