



Insulin Dependent Diabetes Trust

Parents' Bulletin August 2007



Holiday Tips

Perhaps this year more than most, families may be going abroad to find the sun and it may be the first time they have travelled since their child's diabetes was diagnosed. Below are a few practical tips but whether going on holiday abroad or in this country, there is one thing to remember - children get excited in anticipation of holidays and on the day they are travelling. Excitement can affect blood glucose levels, so it is important to test regularly and be prepared for some low blood glucose levels!

Precautions when travelling by air

- Carry two lots of insulin, testing equipment and syringes/pens and distribute them between two different lots of hand luggage.

Luggage does get lost and it could prove difficult to replace your diabetes equipment.

- Your child should always carry a card to say that they have diabetes.
- Always take more insulin than you need in case of breakages. The country that you are travelling to may not have the insulin your child needs.
- When you come home it is sensible to throw away your child's insulin as heat, bright light and vibration can all damage it and make it less effective.

Going by plane

If you are carrying insulin on board an aircraft, you will need a letter from your GP to explain that you have to carry insulin and other diabetes equipment on board with you. Remember insulin should not be packed in the hold as the temperature can be below freezing and

this can damage your insulin.

Holiday Insurance

If your child has diabetes, travel agents are not the best people to provide holiday insurance. Shop around but always declare your child's diabetes and any other medical conditions they may have, otherwise if anything goes wrong and you need to use the insurance, you may not be covered. If you are going on holiday in Europe, remember to take your European Health Insurance card (EHIC) and proof of being a UK resident eg driving licence. The EHIC is available at the Post Office.

Keep your insulin cool in a FRIO Wallet

FRIO wallets are designed to keep your child's insulin cool and safe for a minimum of 45 hours, even if the temperature is over 100 degrees Fahrenheit. The main advantages are that there are no bulky ice packs, you do not have to worry about finding a freezer to get supplies of ice and the wallet is light to carry.

It is activated by immersing it in cold water for about 5-15 minutes. The panels of the wallet contain crystals and these expand into gel with the immersion in water. The system relies on the evaporation process for cooling.

Vials and pens can be put into plastic bags to keep them dry without affecting the cooling properties of the wallets but FRIO also supply a zip stop water proof liner at an extra cost.

Note: ONLY the vials that should be put in the plastic bag and NOT the whole pouch.

For further details or to order a FRIO wallet the manufacturers can be contacted at:

FRIO UK, PO Box 10, Haverfordwest SA62 5YG

Telephone 01437 741700

e mail info@friouk.com

Website: www.friouk.com

Kitbags to keep diabetes equipment in one place

Desang kitbags can keep all the tools for managing diabetes (blood testing kit, sugar supply and insulin as well as space for personal notes) in one place. They vary in price from PVC ones at £19.99 to luxury leather ones at £59.99.

You can buy on-line by visiting www.desang.net

Finally, perhaps worth remembering...

- Hot weather may affect blood glucose levels and can lead to low blood sugars.
- Extra exercise is often taken on holiday eg swimming, games on the beach.
- It is holiday, so enjoy it!

Back to School

In September your kids will be starting a new school year which means either a new school or a new form teacher. This is just to remind you that IDDT supplies free Teachers' Packs that may help.

Our Teacher's Pack is full of useful information for your child's new teacher. It contains information explaining what diabetes is, what a hypo is and how to treat it, how to deal with sport and a poster for the staff room pin board all about diabetes. In addition, it contains a fact sheet for you to fill out specifically about your child's personal diabetes details to help the teacher to have a greater understanding of your child's needs.

It is important to remember that your child's school friends will be the ones who spend the most time with your child. They can be a good support network for both you and your child no matter how old they are.

Things to remember when they go back to school:

- They may well get up earlier so injection times may be different. This may mean adjusting the amount of breakfast and/or the mid-morning snack.
- Different meals at lunch time so carbohydrate intake may be different and may vary from day to day. This may mean more blood glucose testing to make adjustments to snacks or insulin dose.
- The children could be doing more exercise than they did during the holiday e.g. walking to and from school, PE and swimming. This means they may need more carbohydrates and/or less insulin.
- The children may do less exercise when they go back to school so they may need less carbohydrate.

We recommend that you discuss the above possibilities with your diabetes specialist nurse who will be able to advise you on what action to take, if any.

- Get an emergency plan ready for the new teachers in case your child has a hypo at school.
- Check your child's timetable to see when PE and swimming is and send them to school with an emergency snack on those days. Also try to give the teacher an emergency snack in case your child loses theirs or even gives it away - it has been known!
- Give your child's teacher one of IDDT's Teacher's Packs.

To obtain Teacher's and Parent's Packs, Contact IDDT on 01604 622837 or e-mail enquiries@iddtinternational.org

A Story For Your Child

Hannah had a very special friend called Harry Bear. Hannah and Harry were planning a picnic and were very excited but for the past few weeks Harry Bear had not been feeling very well. The morning

of the picnic came and Hannah woke up early to start to prepare the picnic. After a while, Hannah noticed that Harry had not got out of bed, which was very unlike him. Hannah went up stairs to see what was wrong with him.

Harry was in bed and did not look well at all. 'What's wrong?' said Hannah. 'I feel sick' said Harry. Hannah rang Doctor Fox straight away and Nurse Mary told Hannah to bring Harry to see Doctor Fox straight away.

'Now then Harry Bear what seems to be the problem' asked Doctor Fox.

Harry felt quite shy but Hannah encouraged him to explain what the problem was.

'Well over the past few weeks I have felt really tired and I have been ever so thirsty but the more I drink the thirstier I become' explained Harry.

'Hmm' said Doctor Fox, 'And have you been going to the toilet a lot?'

'Now you come to mention it, yes I have' Harry said very surprised that Doctor Fox knew this.

'I think I know what the problem is. Let me just do a blood test on you and I should be able to tell you what is wrong'

Doctor Fox pulled a blood sugar monitoring kit out of his top draw and showed it to Harry. Dr Fox took a small drop of blood from the side of Harry's finger so that he could test it to show how much sugar was in his blood. He went on to explain that there was too much sugar in Harry's blood and this meant he would be a bear with diabetes and he would have to do injections of insulin to make him feel better.

Harry looked very confused and a little scared and began to cry. Hannah saw how upset Harry was and began to comfort him. Hannah

began to explain that she had a friend at school who had diabetes and she did everything that everyone else did and was very happy.

Doctor Fox nodded in agreement and said 'There is no reason why you should not carry on in your everyday life but there are a few new things that you and Hannah need to learn'. Harry and Hannah sat and listened as Doctor Fox explained all about insulin, injections and blood tests.

As Harry left Doctor Fox that things would change, he suddenly remember the picnic that him and Hannah had had planed and asked, 'What about my picnic?'

'Don't worry' said Doctor Fox 'you will be able to have a picnic another day and it will be just as much fun.'

A few weeks later Hannah and Harry were strolling down the road with a picnic basket in one hand and Harry's diabetes kit bag in the other and Harry said Hannah,

'It's not so bad having diabetes and I really do feel so much better now I am taking my animal insulin' They had a lovely day and really enjoyed their picnic.

Night Hypos

Not all children have night hypos and many go through their whole lives without them being a problem. Unfortunately some children do have night hypos partly because they are in bed for so many hours without the regular meals and snacks that they have during the day. This article hopes to reassure parents and also gives a mum's story of her daughter's night hypos. There are some helpful tips on how to avoid them and what to do if they do happen.

Fear of hypoglycaemia is one of the day-to-day worries for most people who use insulin and naturally this also applies to parents of children with Type 1 diabetes. But night hypos are often one of the biggest fears for people with diabetes, for their family carers and for parents of children with diabetes.

Night hypos can be more severe because the hypo warning signs are not as strong. Adrenalin is one of the hormones that triggers hypo warnings signs and during sleep, adrenaline levels are reduced making it harder to wake up when the blood glucose levels start to drop and the normal daytime hypo warnings would usually appear. So the symptoms for night hypos may be different to day-time hypos and the blood sugars may well drop lower than they would normally do during the day.

Symptoms of night hypos

- Cold sweats (damp sheets)
- Nightmares
- Twitching
- Making unusual noises
- Sleepwalking and talking

Possible causes of night hypos:

- If the dose of short-acting evening insulin is too high it can cause hypos early in the night. If the hypos occur later, then it could be that the longer-acting insulin dose is too high or just to confuse things, it could be both.
- The most common time for a night hypo is about 2 or 3 o'clock in the morning and this is often because the short-acting insulin is still working when the long-acting insulin starts to peak. The two insulins acting together then cause a lowering of blood glucose levels and a hypo. Information about
- some longer-acting analogue insulins suggest that they cause fewer night hypos but the Patient Information Leaflet for Lantus [glargine] also warns that it may cause hypos early in the morning.

- The evening injection of fast-acting insulin given in the thigh can cause hypos early in the night due to slower insulin absorption. The tummy is better because the insulin is absorbed more quickly. But wherever you and your child decide to inject before the evening meal, it should always be in the same area so that the absorption rate is the same each evening.
- Exercise in the afternoon or early evening without decreasing the evening injection or increasing the carbohydrate intake can cause night hypos. Exercise during the day can also have a delayed effect leading to a night hypo.
- For teenagers, alcohol consumption can cause night hypos. Even if the alcoholic drink contains carbohydrate, the alcohol itself lowers blood sugars and this can have a delayed effect over the next 24 hours. [Warn your teenagers never to drink Pils - it does have a low carbohydrate content but it also has a high alcohol content!]

Slow acting carbohydrate to combat night hypos

If night hypos are a problem, it may be worth looking at what carbohydrate you give your child for their evening meal and bedtime snack.

Slow-acting carbohydrate (foods that release the carbohydrates slowly and over a longer period of time) such as non-sweet breakfast cereals, bread, plain digestive biscuits with milk, can all help to combat night hypos. They do this because they provide the body with carbohydrate that lasts for a longer period through the night to match the action of the insulin. Make sure you give enough of these slow-acting carbohydrates. If the night hypos are occurring regularly, then discuss lowering the insulin dose with your diabetes specialist nurse.

If your child eats fast-acting carbohydrate before bed, such as chocolate, ice cream or chocolate biscuits, these carbohydrates will be released quickly over a much shorter period of time. This makes the blood sugars rise quickly but then there will be no carbohydrates left by 3 o'clock in the morning when the long-acting insulin is still be working and so increasing the risk of a night hypo. Fast-acting carbohydrates are brilliant for the treatment of hypos and can also be

eaten during the day with close monitoring but alternatives should be used before bed, especially if night hypos are a problem.

As parents we often fear that we will not wake up

A child making noises during a night hypos is often the tell-tale sign of a night hypo. Many parents say that these noises are often quite different from other noises and so easily recognised and they are the most likely thing to wake a parent or guardian.

It is very common and understandable for parents to worry that they will not wake up if a night hypo occurs. If you are really worried, then maybe getting a baby alarm would help - it may help to give you a better night's sleep too!

Some things to remember that offer reassurance

- Short-acting insulin has a limited action time so the insulin will start to run out which will automatically help to raise the blood glucose levels. But of course, the long-acting insulin will still be working.
- When a night hypo occurs, the body does have its own defence mechanism that will kick in to try to raise the blood sugar levels.

The body's natural defence mechanism

Although insulin is a hormone that lowers blood glucose levels, we do have other hormones that raise blood sugars - known as the counter-regulatory hormones eg adrenalin. The autonomic nervous system triggers them to work when the blood sugars drop too low which helps to raise the blood sugars.

The liver stores glucose from the food we eat that is in excess of what the body needs at that time for energy. When a severe hypo occurs the counter-regulatory hormones trigger the release of glucose from the liver to naturally raise blood glucose levels. Sometimes night hypos occur but they are slept through because the liver has automatically gone into defence mode and released glucose. This could be a cause of high blood sugars in the mornings and it is certainly worth considering this as a cause for highs in the morning, rather than simply

assuming that more long-acting insulin is needed.

Note: Where glucose has been released from the liver as a result of a severe hypo, the liver's store of glucose is depleted so there is a greater risk of another hypo occurring in the next couple of days. It takes about 3 days for the liver's glucose store to be built back up.

Remember! Hypos are not caused by diabetes but by the treatment of diabetes - insulin.



One Mum's Experiences

I found night hypos really difficult partly because of being suddenly woken from a deep sleep and initially, partly the shock of seeing my little girl in a severe hypo.

When my daughter was at primary school she would just drift off into a hypo in her sleep, making strange noises which would wake me. She would be semi-conscious, not really conscious or very occasionally having a convulsion. Most of the time she was conscious and able to swallow, so normal sweet drinks, Glucogel or jam/honey rubbed on the gum worked. But if she was not sufficiently conscious or had a convulsion, then we had to inject glucagon, but luckily the ambulance never had to be called, although my husband had the phone ready a few times! Glucagon is a hormone that stimulates the liver to release glucose from its store and usually works within 15 to 20 minutes after which they have to eat.

After my daughter came round from a night hypos and we were happy her blood sugars were high enough to last the rest of the night, she would go straight back to sleep almost oblivious to what had just happened. Afterwards my husband and I would feel drained and I am sure we 'over fed' (gave too much food) purely to reassure ourselves she would be OK and because we new we could sort out the effects

the next morning.

Following the very first severe night hypo, we spent the next week reading and re-reading the instructions for Glucagon to make sure we automatically knew what to do if our daughter had another night hypo and we needed to use it again. But we didn't have to use it very often.

I have to confess, night hypos did scare me and after one had happened I felt upset with fear, guilt that I might have been caused by something I had done wrong and sad that my little girl had to go through this. Only after speaking to other parents of children with diabetes did I come to realise that these feelings were normal and we all find our own way of dealing with it.

Eventually I came to realise that night hypos weren't always my fault and they sometimes happen because that's diabetes! I began to have the confidence give larger bedtimes snacks when her blood sugars boarded on low and sometimes I blood tested her before I went to sleep while she was asleep. If she was too low at 11.00pm then I gave her some milk and a biscuit - she could eat this without really waking up.

Once my daughter got older and stayed up later so she did not go as long without food, the night hypos just about vanished. This was great for her and I have to confess, a huge relief for us all.

IDDT is here to listen and to help wherever we can

- Give Bev or Jenny a ring on 01604 622837
- e-mail enquiries@iddtinternational.org
- Write to us at IDDT, PO Box 294, Northampton NN1 4XS

Cornflake Biscuits to make with your children

- 20gram exchanges per recipe - makes 14
- 100g/4oz cornflakes
- 150g/5oz chocolate
- 50g/2oz sultanas
- 1 Tablespoon water
- 50g/2oz hazelnuts, halved and toasted

Crush the cornflakes roughly. Add the sultanas and hazelnuts. Melt the chocolate pour over the mixture and gently stir. Place a tablespoon of the mixture into 14 paper cups. Allow to harden, then enjoy!

If you would like to join IDDT, or know of someone who would, please fill in the form (block letters) and return it to:

IDDT

PO Box 294
Northampton
NN1 4XS

Name: _____

Address: _____

Postcode: _____

Tel No: _____

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From Your Editor – Jenny Hirst

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