



Insulin Dependent Diabetes Trust

Parents' Bulletin August 2008



Running the extra Mile for IDDT

For the past two years we have had a dedicated team of runners taking part in the British 10K London Run to help raise awareness of diabetes. This year was no exception and as our runners proudly ran around central London on July 6th we had another team of, not quite so fit, helpers that were handing out IDDT balloons to let people know that we are here to help.

Next year we are planning to widen our appeal to help raise awareness of the needs of people with diabetes and the help IDDT can offer. Any one can take part as we are going to ask people to run in achievable organised runs in a town near them. We will provide the details of the dates and locations of the runs and we may well come along to cheer you on!



What we are aiming to do is encourage people to do 5 and 10K runs and then by the time next year's British 10K Run comes around, we will add all the miles together to see how many miles we have collectively run. With every mile we run we hope that one more person will be able to gain from the information and support that IDDT can offer.

So come on get involved and contact me if you are interested in **'Running the Extra Mile for IDDT'**.

Call Bev on 01604 622837 or e-mail bev@iddtinternational.org

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 Teachers' 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 children 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 they do PE and swimming 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 Teachers' and Parents' Packs, Contact IDDT on 01604 622837 or e-mail enquiries@iddtinternational.org

Recommend a School

One of IDDT's main aims is to not only to support families with diabetes but also to create a better understanding of diabetes within the community. To do this we would like your help by you recommending schools in your area. We will then send them a free Teachers' Packs. This pack will help create a better understanding of diabetes and build communications between parents and teachers of children with diabetes. All the schools in your area will experience

a child with diabetes at some point and they may need help but do not know where to go. IDDT wants to be there for all schools and to provide them with free information on diabetes on a yearly basis. If you feel you can help please give IDDT the names and addresses of as many schools as you know and help us to support children with diabetes.

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Oral Health and diabetes

By Bev Freeman

It is well known that oral infections can affect diabetes control but you may not be aware that diabetes can cause unexpected oral health problems. According to an article in Diabetes Voice, June 2008 (Magazine of the International Diabetes Federation) oral care is often overlooked by physicians who may lay more importance on other diabetes complications.

Of particular concern is the impact of diabetes on gum tissue and teeth. Authors, Francesco D'Ajuto and Massimo Massi-Benedetti, have looked at the two way relationship between diabetes and oral health – diabetes can lead to important changes in the mouth but in turn, oral infections may adversely affect diabetes control. The article calls for increased interaction between dental and medical healthcare in the management of diabetes. As with most complications connected to diabetes, education and early detection help to try to prevent future problems.

People with diabetes have an increased risk of tooth decay due to the break down of the tooth enamel caused by bacterial infections which could be a consequence of hyperglycaemia (high blood sugars). Bacteria have a higher chance of surviving and damaging the teeth when there are higher levels of glucose around the gums. To add to this, during periods of high blood sugars saliva production can be reduced (dry mouth) which increases the accumulation of plaque as

well as decreasing the oral defences to bacteria.

It is important to remember that hypoglycaemia can cause similar problems. Hypos have to be treated with sugary substances, sugary drinks or GlucoGel. Again these come into contact with the gums, the subsequent bacteria created can damage the tooth enamel. This situation applies to all children who eat sweets and sugary drinks whether they have diabetes or not, so brushing teeth can go along way to dealing with this problem.

Night hypos are another problem as children have to be given something sugary to treat the hypo. But my dentist also pointed out to me that after the hypo has been treated, children go back to sleep and saliva production is reduced, especially if they sleep with their mouths open. So where possible, it is important to add tooth brushing to your night hypo routine in order to reduce the risk of the breakdown of your child's tooth enamel.

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Diabetes doesn't discriminate!

When my daughter was young it always annoyed me when I read stories about people with diabetes doing apparently wonderful things – climbing mountains or sailing seas. They didn't seem to relate to our life or my daughter's life. All we wanted was for her to lead a happy life and be able to do the same as her friends without diabetes, none of whom seemed to want to climb mountains or sail seas! They simply wanted to do the things that most children, teenagers and young adults do.

I am happy to say that she did all the things she wanted to do within the normal boundaries of what parents allow, with or without diabetes, and I guess she also did some things that parents don't allow! Her growing independence, whether going to her first children's birthday party on her own without ending up with high blood sugars, going to

her first teenage disco or later backpacking abroad for a year, were all great achievements that made us proud of her. She didn't feel the need to climb mountains or sail seas to prove to herself or anyone else that she could do them even though she had diabetes and I am proud of that too.

Nevertheless, I think it helped when she could see famous people with diabetes doing what they wanted to do – not to prove that they could because they had diabetes – but simply because this is what they wanted to do, and there is a difference. When my daughter was young, England footballer Gary Mabbutt was already playing professional football when he was diagnosed with Type 1 diabetes and he continued with this chosen career and pop singer Mary Wilson did not let her diabetes interfere with what she wanted to do.

For today's children with diabetes it is good for them to see that 26 year old American athlete, Kevin Hansen is playing volleyball at the Olympics for his country. He has had Type 1 diabetes since he was 10 years old. And on the pop scene, Nick one of the Jonas Brothers has Type 1 diabetes and by the way, Nick is the cute one.

Injection sites

Basic injection technique tips

- To try to keep the insulin absorption rates similar every day, try to use the same injection area for the same type of insulin given at the same time of each day. For example, use the tummy for short-acting insulin before breakfast, the thigh for evening injections and/or the buttocks for long-acting insulin.
- When using injection pens push out a tiny amount of insulin into the air to ensure that the tip of the needle is filled with insulin.
- Lift the skin with the thumb and index finger to inject into the subcutaneous tissue rather than the muscle ('the two

fingered pinch').

- Inject directly into the skin at 45°.
- Continue to hold the skin while the insulin is injected.
- After injecting the correct amount of insulin wait, 15 – 20 seconds when using a pen and a couple of seconds after using syringe, before withdrawing the needle. This is to make sure all the insulin has been delivered. Only then let go of the skin.
- If you have a problem with continuous leakage after injecting, consider using a longer needle.

Injection sites

- Thighs
- Buttocks
- Abdomen

Fatty Lumps (lipohypertrophies)

Fatty lumps at injection sites can be caused by all types of insulins stimulating the growth of fat tissue. If injections are not rotated, lumps can become a problem. Children often like to use the same area within the injection site area where lumps have formed because this reduces the pain involved in injecting. If your child prefers a particular injection site, encourage them to use the whole injection site rather than one small area within it. Also remember that using even slightly blunt needles can cause more painful injections and more damage to the skin, so changing the needle regularly will help. Fatty lumps not only cause slower and irregular absorption of the insulin but depending on the age of your child, can also affect their own opinion of their body image. If your child develops fatty lumps, stop injecting into this area for a couple of weeks to allow the subcutaneous tissue to grow again. Remember! Insulin will start to act quicker if your child injects into an area free from fatty lumps (lipohypertrophy). You may have to lower the insulin dose to avoid hypos when they switch to a fresh injection site without lipohypertrophy.

Insulin leakage

Insulin can leak out from the skin after the needle has been removed.

Two or three drops can equate to one unit of insulin. According to a study by N L Stewart entitled, Insulin loss at the injection site in children with type 1 diabetes mellitus, 1994, 68% of children and adolescents with diabetes encountered leakage of insulin after injections during one week. 23% of these injections had a leakage of up to 18% of the insulin dose.

It is difficult to avoid leakage but the risks can be reduced by:

- lifting the skin before injecting (the two fingered pinch) and continuing to lift until the needle has been removed,
- injecting directly into the skin at a 45° angle,
- waiting up to 20 seconds after the insulin has been delivered before removing the needle and trying to remove the needle slowly.

Congratulations are in order!

Ruth Rigby is 14 years old and has Type 1 diabetes. She contacted IDDT because she wants to help children and young people with diabetes in developing countries. Ruth put the idea of sponsoring a child with Type 1 diabetes in India to her school year group and they decided to have a 'Mufti-Day' and a cake sale. They raised the excellent sum of £225.84 which will pay for the insulin and medical care for a child at Dream Trust in India for year. Ruth and her year group now have a photo of Aarti and information about her family and schooling so that they can all see how they are helping to take care of Aarti and her diabetes. IDDT would like to say her huge thank you to Ruth and her year group for helping Aarti whose family is too poor to be able to afford the vital insulin that she needs. A special thank you must go to Ruth for her initiative and for thinking about other children with diabetes.

A couple of warnings about food products and your children!

The latest ways food companies target children

Social networking websites such as Bebo, MySpace and Facebook have become the latest way for food companies to market their products to children. It is estimated that large numbers of 8 to 17 year olds have an online profile with such sites and the food industry has been quick to recognise that this is a way of dodging the restrictions on junk food advertising on television.

They use several tactics such as placing product profile pages which allow youngsters to add themselves as fans. Sprite offers Facebook users 'Sips' animated characters to interact with and Dr Pepper fans can give their friends icons of the sugary drink. Skittles, made by Mars, have a profile on the networking site Bebo and the page has already been viewed over 50,000 times and attracted more than 3,500 "friends". Even worse, Mars has launched an application which allows users to buy real chocolate to send to their friends by sending their Facebook friends a virtual Mars product online with a code which can be redeemed for an actual Mars product in a shop.

It is good to see that some companies have been seeing their online marketing strategy backfire as people use companies' online profiles to post comments attacking junk food brands. Let us hope that more people do this to stop the food giants marketing their products directly to children and young people without any care for their future health.

Dangerous additives to be removed from food

The Food Standards Agency [FSA] is recommending a ban on 6 food colourings widely used in children's food and drink because they pose a risk to children's health.

The six additives are:

- E102 Tartrazine

- E104 Quinoline Yellow
- E110 Sunset Yellow
- E122 Carmoisine
- E124 Ponceau 4R
- E129 Allura Red.

From the end of 2009 in the UK there will be a voluntary ban on these additives which are currently used in over 1000 products including Iron Bru, M&Ms and Cadbury's Crème Eggs.

In research at Southampton University these additives were shown to cause hyperactivity in children and the researchers suggest that removing them could cut the number of children showing hyperactivity behaviour by a third. Information about foods containing the additives can be found by visiting www.actiononadditives.com

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Diabetes in schools campaign

The problems for parents of young children with diabetes having to travel to school at lunchtime to test and inject continues to cause concern.

The lobbying has resulted in Sandra Gidley MP, asking the following Parliamentary Question:

“To ask the Secretary of State for Health what recent discussions he has had with the Department of Children, Schools and Families on the care of children with (a) asthma and (b) diabetes.”

However, the Minister for Health Ann Keen's response was not very forthcoming. Her reply on June 26th 2008 was:

“My right hon. Friends the Secretary of State for Children, Schools and Families and the Secretary of State for Health meet regularly to

discuss matters of interest to the two Departments. They have not met specifically to discuss diabetes or asthma, although meetings have covered the child health strategy, due later this year, which will cover a range of issues including care of children with long-term health conditions.”

Time will tell whether the child health strategy to be published later this year will provide answers to the problems.

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The effects of hypoglycaemia over time

The Diabetes Control and Complications Trial [DCCT] was a landmark study that many of today's parents of children with diabetes may be unaware of but it had a huge impact on the treatment of Type 1 diabetes. While the study had some flaws, it showed that in a highly selected group of healthy, younger people with Type 1 diabetes, tight control of blood glucose levels with multi-dose regimes reduced the risk of long-term complications when compared to conventional insulin treatment. So as a result of this study, the target blood glucose levels were lowered to 4 to 7mmol/l for everyone. The study did say in its conclusion that these targets were not suitable for everyone – but this was largely ignored.

However, the DCCT also showed that with this tight control of blood sugars there was a three times greater risk of severe hypoglycaemia, something that many people have found to be true.

One of the worries for many of us as parents is whether episodes of severe hypoglycaemia will adversely affect our child's cognitive abilities. Now 18 years after the start of the DCCT, researchers have looked at the effects of hypoglycaemia on 249 of the original participants of the DCCT who were 13 to 19 years old at the start of the study. They wanted to find out whether severe hypoglycaemia or intensive insulin therapy had any effects on cognitive ability over time

so compared original performance at various cognitive tests with their performance using the same tests 18 years later.

The results showed that there were 294 reported episodes of coma or seizure but neither the frequency of hypoglycaemia or the previous treatment group [intensive or conventional insulin therapy] was associated with any cognitive decline. So the researchers concluded that despite the relatively high rates of severe hypoglycaemia, cognitive function did not decline over an extended period of time in the youngest group of patients in the DCCT.

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We want to here from you

IDDT has always prided itself on listening to people and representing and supporting them. We also understand that parents have different needs from adults with diabetes, so we want to here from you.

No matter what your needs are, we want to tell us about them. You may feel that schools and teachers need more education about diabetes, you may need alternatives to your child having to inject at school or quite simply, believe that more money should be allocated to diabetes care. You may feel that more money should be allocated to research or that the research is not addressing the issues that are important to you or your child. Whatever your feelings, let us know so we can do our best to fight your corner.

Write to Bev Freeman, IDDT, PO Box 294, Northampton NN1 4XS, telephone her on 01604 622837 or e-mail bev@iddtinternational.org

IDDT Publications are supplied FREE of charge

- General Information Pack supplied to members and anyone who contacts IDDT.
- Information leaflets covering many aspects of diabetes.
- Parents Pack to help parents of children and adolescents with diabetes.
- Teachers Pack to help teachers understand the needs of children with diabetes in the classroom.

Contact IDDT: Tel 01604 622837 e-mail enquiries@iddtinternational.org
or write to IDDT, PO Box 294, Northampton NN1 4XS

Visit our website www.iddtinternational.org

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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