**DIABETES digest**

**Summer 2019**

**TIPS FOR MAINTAINING GOOD BLOOD SUGARS DURING YOUR BUSY SUMMER**

Dr. Daniel Mak, Pediatric Endocrinology Fellow

Summer in Memphis usually means sunshine and relaxation. The city is buzzing with festivities and people enjoying the outdoors. There’s biking and kayaking at Shelby Farms, carnivals with endless amounts of tasty food, summer sport leagues, summer camps, and so much more. Summer months also mean that students are out of school, and sometimes this equals less structured routines. For our patients with diabetes, sometimes this also means diabetes care takes a backseat. Blood sugars can fluctuate and seem harder to manage, and this can turn a fun summer vacation into a stressful one.

With summer fast approaching here are eight tips for helping to stay on top of our diabetes care. This can apply to patients with type 1, type 2, and other forms of diabetes. Think… “VACATION!”

**VARYING SCHEDULE.** Try to create a routine even without school. This doesn’t mean waking up at 5 a.m. to catch the bus! But waking up at regular times to eat breakfast is important for maintaining good blood glucose control during the day.

**ATTENTION TO EATING.** Refrain from snacking. When staying at home it is easy to graze especially when watching TV. Additionally, with more flexible schedules your family may have more opportunities to try new foods and restaurants so remember to check nutritional information.

**CONTINUE BLOOD SUGAR LOGS.** Over the summer your usual habits of keeping accurate blood sugar logs can seem difficult to fit into a busy schedule, but it is an important tool for monitoring blood sugar patterns.

**ACTIVITY.** With more outdoor activities, blood sugars may run lower. Remember to keep snacks handy for these anticipated low blood sugars. On the other hand, without physical education at school, some children may become sedentary during the summer months. Healthy activity is always encouraged and helps with maintaining steady blood sugars.

**TEMPERATURE.** Remember that insulin should be stored in the refrigerator or at room temperature. Cool packs should be used when taking insulin out in the hot summer sun.

**IDENTIFICATION.** When travelling to new places or attending camp, it is important to wear a medical ID.

**PAY TO SUSPEND PUMPS FOR WATER ACTIVITIES.** For our patients on insulin pumps, participating in water activities sometimes means having to take off our pumps. We recommend checking blood sugars hourly and giving necessary insulin correction doses. Check with your Pediatric Endocrinologist or diabetes educator for more guidance.

**NEXT APPOINTMENTS.** While students are out of school, scheduling appointments with your dentist and ophthalmologists may be easier and is encouraged to keep health maintenance up to date.

With these tips we wish you a happy and fun vacation, and we look forward to hearing about all your summer adventures!
Please add the graphic somewhere in this section.

STAFF SPOTLIGHT: Jamila Smith-Young, DNP, MPH, CPNP-AC

I am one of the nurse practitioners in the Le Bonheur Diabetes Clinic. I joined the Endocrine team after working for nine years in another specialty at Le Bonheur. I recently received my Doctor of Nursing Practice degree specializing in Pediatric Acute Care from The University of Tennessee Health Science Center. The best part of my job as a nurse practitioner is taking care of my patients while making a connection with their families to help them thrive. When I’m not at work, I enjoy spending time with my family, volunteering in the community with different organizations and going to Memphis Grizzlies games. I have a 7-year-old daughter and 3-year-old son. My husband and I love Memphis and strive to invest in improving our community.

ASK THE NURSE: Travelling with Diabetes

Diabetes is possible – it just takes careful planning. Try to anticipate any circumstances that might disrupt your usual schedule or affect your blood glucose control. These might include: extended periods of inactivity, such as sitting in a car or plane, time zone changes, jet lag, dining out frequently, and more physical activity than usual (such as golfing, shopping, dancing…or climbing Mount Everest!)

BEFORE YOU TRAVEL YOU SHOULD…

• Get a travel letter from your doctor
  - Includes what you need to do for your diabetes
  - Lists any allergies you might have

• Get a travel prescription from your doctor
  - Identifies what medication and supplies you are using
  - Can be re-filled at any U.S. pharmacy in an emergency

• Wear a medical alert at ALL times
  - The best places to wear it is around the wrist or neck
  - It should say that you have diabetes.

• Pack twice the supplies you think you will need
  - Split the supplies up - half should be in a carry-on bag

• Pack insulin in cooler if needed

• Plan for meals and snacks:
  - Always carry something to treat a low blood sugar
  - Always keep extra snacks in case of a low or a meal delay

• Plan for medication:
  - Always carry a diabetic supply kit
  - Be sure to bring a medication chart and a Current Medical Card

INTERNATIONAL TRAVEL

• If you are using insulin from a different country, you may need to use a different syringe to assure an accurate dose.

• If crossing multiple time zones, talk with your diabetes doctor or nurse educator on how to adjust the time of your background insulin.

DON’T FORGET

• Make sure you keep the prescription label on your boxes and bottles of medication

• Wear your ID bracelet at all times!

For air travel tips, driving tips, and more, please visit the American Diabetes Association at www.diabetes.org/living-with-diabetes/treatment-and-care/when-you-travel.html

AND DON’T FORGET TO HAVE FUN!

PATIENT SPOTLIGHT: C.J. Davison III (6 Years Strong!)

What is the hardest thing about having diabetes, and how do you work to overcome it?

For me, the hardest thing about having diabetes was realizing that I actually have to live with this condition every day for the rest of my life. It was overwhelming to find out I would have to prick my fingers multiple times a day and that my life would forever be changed. I overcame this by finding my passion – racing stock cars. It gives me something to look forward to and to work toward every day!

What advice would you give someone who has recently been diagnosed with diabetes?

The daily routine that comes with managing diabetes requires discipline if you want to stay healthy. Don’t feel sorry for yourself because of it; use it to your advantage! This discipline has benefited all areas of my life. For example, I have been on the honor roll every year in school, and I stay out of trouble. In addition to high school, I have completed 29 college hours with a 3.8 GPA. I work during the summers and save my money so I can race my car. It all depends on how you look at diabetes. Some people have to put contacts in their eyes every day in order to see. Other people have to remember to take pills every day. Some people are in wheel chairs and cannot walk. I have to give myself insulin every day. Most every person has something he or she must deal with daily. Be thankful for the things you DO have. Go live your life!

What is something fun or helpful you’ve become involved with since being diagnosed with diabetes?

I started racing a race car about two years ago on a dirt track. It may sound like a dangerous activity, but if your car is built properly, the driver is actually well-protected. It takes a lot of physical labor and time to maintain a race car. I drive a stock car at Riverside International Speedway in West Memphis, Arkansas, and occasionally at Old No. 1 Speedway in Harrisburg, Arkansas. Diabetes does not stop me from living my dream! I won my first race at Riverside in 2018! Stock car racing is my passion! Find your passion!

DIABETES EDUCATION

Madison Greer, BSN, RN, CDE

“Diabetes is an open note test” is what I often tell my patients at their very first diabetes education class. This is just a funny way of saying “use your resources.”

At Le Bonheur we want to offer you excellent resources so that you can excel in your diabetes care. One of those resources is our Diabetes Self-Management Education Program which is accredited by the American Diabetes Association. When you were first diagnosed you may have attended one of our Basics classes. We not only offer basic education, we also offer some advanced classes. The Self-Management 1 class is appropriate for anyone who needs an overview of diabetes and the tools that can lead to tighter blood glucose control and improved health management. Self-Management 2 is appropriate for 15 to 18 year olds who are starting to think about transitioning to adult care.

Did you also know that the Diabetes/Endocrine clinic has its own webpage on the Le Bonheur website? You can go to https://www.lebonheur.org/our-services/endocrinology/ and see more information about “Participating in our Research” as well as past editions of the “Diabetes Digest” newsletters. Another great resource that you can find at our webpage are diabetes education videos. These are brief videos that cover topics such as what diabetes is, blood glucose monitoring, insulin dosing/administration, carbohydrate counting, physical activity, and healthy coping. These would be great to share with teachers, family members, and friends who want to learn more about how to support you in your diabetes care.

You might be tempted to search for more resources on the World Wide Web, but you need to make sure the information you are finding is accurate and up to date. MEDlinePlus offers some great suggestions for “Healthy Web Surfing” (https://medlineplus.gov/healthywebsurfing.html). A few of these are: consider the source, look for the evidence (research rather than opinion), and beware of bias. Of course, you can always bring resources to your healthcare provider to see what they think.

CHIEF’S CORNER: Addison’s Disease

Dr. Ramin Aliknazadeh, Pediatric Endocrinologist

Primary adrenal insufficiency, also known as “Addison’s disease” is when the body’s adrenal glands stop producing enough of the body’s normal steroid hormones (cortisol and aldosterone). It often develops slowly and unnoticed. Addison’s disease usually begins with signs of weakness, fatigue, weight loss, low blood glucose (hypoglycemia), and decreased appetite. Although it is a rare disorder, it is 5 times more common in patients with Type 1 diabetes. In fact, 10%–18% of patients with Addison’s disease also have Type 1 diabetes. Approximately in 100,000 people in United States have Addison’s disease. The overall prevalence is estimated to be between 40 and 60 people per million of the general population. However, the prevalence of Addison’s disease among individuals with type 1 diabetes is only about 12%.

In most patients, the onset of diabetes occurs prior to the development of Addison’s disease, and often presents at a young age. Addison’s disease in patients with Type 1 diabetes usually has an autoimmune cause, and can be associated with autoimmune thyroid disease as well. The diagnosis of Addison’s disease may be confirmed by various specialized laboratory tests and x-ray.

Addison’s disease is managed with medication, and has to be closely monitored by an endocrinologist.