



TALKING TO YOUR FRIENDS ABOUT DIABETES

Grace Nelson, MD, Pediatric Endocrinology Fellow



Whether you like going to school or not, getting to see your friends after a long summer is something to look forward to! However, if you haven't told your friends about your diabetes, you may be missing out on a great opportunity for support. Many people with diabetes are unsure about sharing the diagnosis with friends and teachers. This uncertainty can come from the fear of seeming "different," concern about others' responses to our differences or even feelings of guilt for having diabetes in the first place.

I was diagnosed with diabetes in 8th grade. I was attending a small middle school and all my classmates quickly learned that I had been diagnosed and was now requiring frequent shots. When I started high school a few months later, I was at a much larger school with new teachers, new classrooms and new classmates.

I quickly learned that in order to take care of my diabetes properly, I was going to need to tell my friends why I was checking my blood sugar or drawing up insulin (or even why I was eating some skittles at 8 a.m. in the morning). Having at least one person in every class who knew I had diabetes made me feel more comfortable when I needed to excuse myself to deal with a blood sugar issue - and I was more likely to promptly sort it out.

I did not feel comfortable telling everyone I met that I had diabetes. I dreaded certain responses including, "Oh, gross! I hate needles!" or "How did you get diabetes?" or "So is it okay for you to eat that?" Personally I even disliked the "Wow, I could never do that." As it turns out, those responses come from people not understanding what it means to have diabetes.

To avoid getting responses that I didn't want to deal with, I had a little "script" I would say. Such as, "I got diagnosed with diabetes. It happened because there is something different about how my body handles food so now I need to check my blood sugar and take insulin before I eat. I can still do everything I did before, but now I have to pay attention to how I feel."

Most people I tell this to respond positively. I can't really think of a single friend who started treating me differently when they found out I had diabetes, although a few of my friends got better at packing extra low-blood-sugar foods for me when we were going on trips.

Talking to your friends about your diabetes accomplishes several things: 1) It makes you feel more comfortable to promptly address high and low blood sugars as needed. 2) It helps make you accountable to checking blood sugar and giving insulin before meals. 3) It helps more people understand what diabetes is, and may even aid in an earlier diagnosis for someone.

Even knowing all the reasons why you should tell your friends doesn't make it easier to actually say the words. Sometimes practicing what you are going to say to your friends can be helpful. Ask your health care provider if you have questions about what you should say.

STAFF SPOTLIGHT: Sarah Provence



I am Sarah Provence, one of the registered dietitians in the Endocrine and Diabetes clinic at Le Bonheur. I received my Bachelor's degree at The University of Mississippi (Hotty Toddy!), then I completed my dietetic internship and Masters of Science degree at The University of Memphis. I started my career at an adult hospital where I found my passion for diabetes education. This passion has only grown as I learn more about diabetes and am able to make connections with the families at Le Bonheur. I have now been at Le Bonheur a little over two years, and I love being able to teach people how food and nutrition plays a role in your health.

When I am not at work, I love cooking meals for my family and baking desserts for special occasions! I also really enjoy spending time with my husband, our one-year-old son Knox, and our dogs Louie and Lola.

ASK THE NURSE

Jayme L. Wasson, RN, BSN

What is the importance of not using expired or damaged insulin?

If you are using expired or damaged insulin, you will likely experience higher blood sugars than usual even if you take the right amount of insulin at the right time. Using expired or damaged insulin greatly increases your risk of becoming sick and going into diabetic ketoacidosis (DKA).



So, it is very important not to use expired or damaged insulin. The active ingredient in insulin begins to break down over time, causing it to lose its potency and rendering it ineffective at controlling your blood sugars. Make sure to never freeze or place insulin on ice, and not to put it in direct heat or light as these will cause damage to your insulin, and will need to be disposed of immediately.

Remember to keep all of your insulin in the refrigerator, and only take out a vial or pen when it is ready to be used. Once you are using it, it can stay at room temperature if you want—but even if you put it back in the refrigerator, it has still begun to degrade and will expire just the same as if it were at room temperature.

All unopened insulin in the refrigerator will last until the expiration date from the manufacturer. Once you begin using your insulin its expiration date changes. Label it or put a note on your calendar to remind you when it needs to be discarded.

Here's a quick reference to help you remember how long your insulin can be used once open:

10 DAYS	14 DAYS	28 DAYS	42 DAYS
Humalog Mix 75/25 Kwikpen	Novolog Mix 70/30 Flexpen	Apidra Vial or Pen	Levemir Vial or Pen
Humulin 70/30 Pen		Humalog Vial or Pen	Novolin 70/30 Vial
		Novolog Vial or Pen	
		Novolog Mix 70/30 Vial	
		Lantus Vial or Pen	

SCHOOL CARE PLANS AND 504S: What You Need To Know

Madison Greer, RN, BSN, CDE

Collaboration with your school is an important component of diabetes care. Students with diabetes will spend a large portion of their day at school, so it is very important that everyone is on the same page regarding diabetes care.

The specific medical orders for each student with diabetes will be detailed in a School Care Plan provided by the clinic.

These doctor's orders have to be followed while at school. The logistics of how these orders will be followed is spelled out in a 504 plan.

The details of your 504 plan should be determined in a meeting between you and those involved in your care at school (example: parent of student with diabetes, student with diabetes, teachers, coaches, school nurse). This meeting can be requested through your school counselor.

There are multiple resources that can help you:

- The American Diabetes Association website has a comprehensive section with many details for keeping kids "Safe at School," including a sample 504 plan. <http://www.diabetes.org/living-with-diabetes/parents-and-kids/diabetes-care-at-school/?loc=lwd-slabnav>
- You can request the free School Advisory Toolkit for Families through the JDRF website. This is a great resource for families as well as school personnel and contains many helpful tips for maintaining open and productive communication. <https://type1nation.org/request-toolkit-school/>

Per the JDRF School Advisory Toolkit, "The parents', students', and school's needs must be mutually communicated, heard, and understood." Be prepared to give and take with your expectations for the school. The school should be willing to work with you, but all requests may not be possible



DISHING WITH THE DIETITIAN: Self-Management Education Classes – What's in it for me?

Tara Karr, MS, RD, LDN

The Le Bonheur Diabetes clinic is proud to offer education classes accredited by the American Diabetes Association. If you or your child has been diagnosed recently with diabetes you have probably been to some of our basic education classes where you were taught how to give insulin and log blood sugars or count carbs and eat healthy. As children grow older, our goal is to help teach them the skills necessary to eventually manage diabetes themselves (along with an awesome support system to lean on for those tough days!)

One class you might not have been to yet is called "Diabetes Self-Management 2." This class is designed for children aged 15 and older. In this class we cover a variety of topics including: preparing for college, transitioning to an adult endocrinologist, preventing diabetes related health complications, healthy eating ideas for college age students and discuss alcohol and its effect on blood sugar. This class will get you and your child thinking about the future and set you up with resources for a successful transition period into that next phase of life.

As much as your children depend on you for help with managing their diabetes, they also need you to let them learn to care for themselves so they can be successful and stay healthy! Coming to the Self-Management 2 class is just one resource to help during this exciting time.

Make sure you take advantage of these other resources during this time of exciting changes.

<https://collegediabetesnetwork.org/>

<https://beyondtype1.org/>

<http://www.jdrf.org/wp-content/uploads/2013/10/JDRFTEENTOOLKIT.pdf>

CHIEF'S CORNER: Celiac Disease and Diabetes

Dr. Ramin Alemzadeh, MD, Pediatric Endocrinology

Celiac disease is an autoimmune disorder characterized by hypersensitivity to dietary gluten that occurs with significant frequency in children with type 1 diabetes mellitus. The prevalence of celiac disease ranges between 4.6% and 7.0% in children and adolescents with type 1 diabetes and it typically develops within the first 6 years after the diagnosis. It has been shown that the incidence of celiac disease is significantly higher in children less than 4 years of age. It has also been suggested that celiac disease is most often present before the onset of diabetes. Research indicates that children's risk of celiac disease can increase if they are exposed to cereal in the first 3 months or after 7 months of life. Therefore, timing of introduction of gluten into an infant's diet is important to consider.

Young children with type 1 diabetes and celiac disease usually present with gastrointestinal symptoms (abdominal cramping, diarrhea, and gastroesophageal reflux), growth failure due to suboptimal weight gain, and unexplained hypoglycemic reactions due to nutrient malabsorption. However, adolescents may remain asymptomatic. Intestinal malabsorption can lead to decreased mineral bone density and predisposes children and adolescents to osteoporosis. Also, patients with celiac disease are more prone to develop neurologic disorders including low muscle tone, developmental delays, learning disorders, migraine headaches, impaired balance, and seizure disorders.

If blood tests are positive for celiac disease, the diagnosis is confirmed on an endoscopy and biopsy of the intestines.

Therapy consists of a gluten-free diet, which will alleviate gastrointestinal symptoms and may reduce some of the unpredictable drops in blood sugar levels.

COMMUNITY RESOURCES:

FREE DIABETES EMERGENCY NECKLACE

Send a self-addressed, stamped envelope to:

FREE Diabetes Necklace

1832 Connecticut Avenue, NW, Suite 420, Washington, DC 20009

CHURCH HEALTH AND WELLNESS CENTER

Free diabetes classes offered on second Saturday of each month.

901-259-4673

JDRF WEST TENNESSEE CHAPTER

JDRF is the leading global organization funding Type 1 diabetes (T1D) research. Our strength lies in our exclusive focus and singular

influence on the worldwide effort to end T1D. Contact JDRF for more information: **901-861-6550**

AMERICAN DIABETES ASSOCIATION

1-800-342-2383 • www.diabetes.org

MEMPHIS FIT KIDS

A free online grant-funded program that assists families in recognizing children's health habits. Go online to memphisfitkids.org to find out more information.

WARM LINE

The Parent Support Warm Line is a free, live telephone line that connects parents with trained professionals who provide practical information, guidance and emotional support. The goal of the Warm Line is to help parents navigate stressful situations in order to help young children and teens flourish physically, socially and emotionally. The Warm Line may be reached Monday-Friday from 11 a.m. to 8 p.m. CST. Call **844-UPP-WARM**

MENTAL HEALTH RESOURCES

Youth Villages/Youth Mobile Crisis: **1-866-791-9226**

Memphis Police Department/Crisis Intervention Team: **901-545-2677** or 9-1-1 for more information.



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