

SMALL STEPS

Even a simple slumber party can seem like a life-threatening event, when a child first deals with controlling his or her diabetes. Here, the author (by the door) sees his daughter Sara off to a sleepover, with wife, Kirsi, and daughter, Katrina.



TAKING



I was just home from my **7-year-old daughter** Sara's annual checkup when the phone rang: "We **found sugar** in her urine test," her pediatrician said. "It **suggests diabetes.**" Thus began a confusing and **scary swirl** of days, weeks and months as the initial diagnosis was confirmed and my wife and I nervously began to grasp **our changed reality.**

By Steven
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Photography
by Ken Easley

IT IN STRIDE

TAKING CONTROL

For Sara, type 1 diabetes has required lifestyle changes—including always carrying her diabetes kit to keep her blood sugar levels in check.



Type 1 diabetes

results from a genetic predisposition, not poor eating habits or other lifestyle issues. The pancreas has stopped producing the insulin necessary to regulate the body's blood glucose (BG) levels. This requires the external delivery of insulin and careful monitoring of BG levels to offset severe highs (hyperglycemia) or dangerous lows (hypoglycemia). In other words, this chronic disease requires daily injections of insulin—and the appropriate amounts at just the right times—to keep the body in balance and alive.

As profound a moment as this felt to us as parents—would life ever be the same?—we needed to be sure that Sara took it all in stride.

Getting Help

We didn't do it alone. The most important thing upon diagnosis is to find a medical team to help parents understand and manage diabetes, explains Aaron Kowalski, spokesman for the Juvenile Diabetes Research Foundation (JDRF). "It's a 24-hour-a-day, seven-day-a-week job to

keep blood sugar levels under control. It's not easy. But the child needs to know he or she needs to take care of him- or herself."

Inevitably, children may face some tough feelings, especially if they are a bit older. In Sara's case, even though she's always had a positive attitude and a truckload of self-esteem, she complained in the first few months that it's not fair that she can't eat whatever she wants, whenever she wants. Yet, perhaps ironically, such questioning has been a positive experience that's made her a stronger person.

"I am amazed by how mature these children often are—how they assume that responsibility," notes Kowalski, himself a type 1 diabetic. "It often makes them very powerful—and empowered."

Ask the Right Questions

Getting to that confident place requires knowledge and hard work. The JDRF and the American Diabetes Association help answer these key questions for parents and other family members.

1 What are good eating habits for type 1 diabetes?

Children with diabetes are no different from anyone else; they should eat healthy foods and are free to enjoy occasional sweets. They just need to learn how many carbohydrates are found in different foods, how foods affect them, and how to count carbs to calculate the appropriate amount of insulin to remain within their target BG range. It can be a real source of pride when kids get good at counting carbs—and even a fun game when parents and kids take turns estimating the carb totals.

2 Who determines the correct amount of insulin?

This is an ongoing process that requires families to work with their healthcare team to find the right dosages in conjunction with their child's eating and exercise habits. In the beginning, parents are very dependent on their medical team, but gradually become more able to make those judgments themselves—with periodic check-ins with the child's physician.

3 What about when your child is away from home?

Whether it's a sleepover or a family vacation, the American Diabetes Association suggests: Take plenty of supplies, bring lots of snacks, wear your medical ID



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EATING HEALTHY

Like any child, a child with diabetes should eat healthy foods and can have an occasional sweet. But those with diabetes need to learn how to count carbs and stay within their target blood glucose range.



and check your BG levels more often. At school, make sure that teachers and the school nurse (or other medically responsible person) are aware of the condition, assist as needed with daily monitoring, and know what to do in case of an emergency.

The Increase of Freedom

Every family is different, but the more Sara, now 9, demonstrated her ability to monitor her BG levels, count carbs, and recognize and respond to her lows, the more my wife and I felt comfortable letting her go on play dates, take school field trips or go to sleepovers.

Kowalski, who has seen the huge technological advances in diabetes treatment, likes to send a very clear message. "You can do whatever anybody else can do," he says. "Yes, you have this condition, but that's not going to hold you back."

Check It Out

The Juvenile Diabetes Research Foundation provides information on symptoms and treatment of type 1 diabetes. Contact the foundation for literature about the warning signs at info@jdrf.org or visit jdrf.org.

Minimizing the Risk of Type 2

When a child is diagnosed with diabetes, it has been routinely presumed to be type 1. But over the past decade, researchers have discovered a growing prevalence of type 2 diabetes in children and adolescents. Usually diagnosed in adults 40 and older, the disease develops when the body becomes insulin-resistant.

Why is this happening? A Centers for Disease Control and Prevention study cites the "epidemics of obesity and the low level of physical activity among young people, as well as exposure to diabetes in utero." The American Diabetes Association notes that 2 million adolescents ages 12 to 19 have pre-diabetes, which refers to higher-than-normal blood glucose levels that are not yet high enough to be diagnosed as diabetes.

What can be done? "Keeping healthy and staying active is so important," notes Aaron Kowalski of the Juvenile Diabetes Research Foundation. "Your risk is significantly lower."