

Diabetes Dialog

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Holiday eating and carb counting

The holidays bring fun, family, friends and a lot of food. For people with diabetes, the endless snacks and treats, buffets, potlucks, cookie exchanges, candy canes and large holiday meals can make it difficult to control blood sugar levels. Follow these tips to minimize bouncy blood sugar numbers:

1. **Have a game plan.** Food and snacks will be offered to you everywhere and often during the holidays. You don't have to eat it just because it's there. Figure out how special, unplanned treats fit into your meal plan. If you just ate dinner and your neighbor brings over holiday cookies, save one for your bedtime snack (and dose for it).
2. **Buffet buster.** Buffets are full of endless appetizers, entrees, side dishes and desserts. If you plan to eat off of a buffet for a meal, first look at all foods offered, pick foods that you don't eat on a regular basis and choose small servings (half cup or less) of each one. For instance, you could skip the dinner roll and mashed potatoes for small helpings of sweet potatoes and cranberry sauce instead. Make sure your plate contains carbohydrates, protein and a small amount of fat. Remember, the hungrier you are, the larger the portion you are going to take. Make sure you are aware of your portion sizes!
3. **Second helpings.** During the holidays many people are not good at knowing how much food they are going to eat. Therefore, they are dosing their insulin in the middle or after their meal. Try the split bolus to more accurately cover food at a meal:
 - A. Give your correction dose and first helpings dose at the beginning of the meal.

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Holiday eating and carb counting (continued)

- B. Give additional insulin coverage for extra servings of food when you are about to eat them.
4. **Treats.** You will be tempted with candy, cookies, fudge and pie. Desserts are a big part of the holidays. Be smart about working them into your meal plan. Ideally, desserts are best covered with insulin at a meal. Meals usually contain a mix of fiber, protein and fat that can help slow down the absorption of a fast-acting carbohydrate source

How your gift helps children grow wings

Some people don't let anything slow them down. As a hockey player, 17-year-old Jeff Costello of Milwaukee moves so swiftly and skillfully around the ice that he has been selected to play for the elite Cedar Rapids, Iowa, RoughRiders prep hockey team during his senior year of high school.

Jeff will be living with a host family in Cedar Rapids. He already has an agreement with the University of Notre Dame to sign with them to play Division 1 hockey on a full scholarship when he completes his stint in Iowa.

This would be impressive all by itself, but when you consider Jeff was diagnosed with type 1 diabetes mellitus when he was 4 years old, it is truly inspiring.

Jeff's parents, Debbie and Tim, have been bringing him to the Diabetes Clinic at Children's Hospital of Wisconsin for

education and treatment. No one else in the family has the disease, so the diagnosis was a shock – but they took it in stride.

"The people at the clinic have been so much a part of our family for so long now," Debbie said. "They were really a godsend when we were foundering pretty badly. Children's has been so wonderful."

Jeff's two older brothers played



like dessert. Fast-acting carbohydrate foods are not matched well with insulin because they raise blood sugar levels faster than insulin works. If you eat desserts alone, even when dosed, your blood sugars may be bouncy afterward. It is best to eat a dessert or fast-acting carbohydrate food as part of a meal.

Bottom line: Think before you eat! **D**

hockey, so despite his diabetes he was determined to play, joining a junior hockey team at age 7. As he got older and the games became more competitive, Jeff noticed that his blood sugar spiked at the beginning of games. But, like everything else associated with his disease, Jeff learned to manage it. This fall and winter, his team will play 60 regular season hockey games, and possibly 80 if the RoughRiders make the playoffs.

Impressive new tools for diabetes management, developed with donor support in centers like the Max McGee National Research Center for Juvenile Diabetes at Children's Research Institute, have made a huge difference for children worldwide. "This [technology] has really taken him so close to normalcy," his mother said. "If he feels like eating a lot, he just dials up some more insulin. In the 13 years since the diagnosis, it's amazing how far they've come. He still has to be very disciplined, but he just does it because that's what he has to do."

Jeff is training hard this summer for the fall season with the RoughRiders, including agility, weight lifting and conditioning workouts. "I don't want to go through everything I did to make the team just to sit on the bench," he said. About his diabetes, Jeff says, "It's more just an inconvenience. I have no interest in letting it slow me down."

In the time since his diabetes diagnosis at age 4, technology for managing the symptoms has improved to help kids like Jeff lead a healthier, more nearly normal life.

At first, he had to endure multiple needle sticks a day to check blood sugar levels, as well as give himself five or six insulin shots daily. Now he tucks a small insulin infusion pump under his clothing, which allows him to boost his insulin without a separate injection each time. A glucose monitor tied into the pump measures blood sugar levels. He inputs his carbohydrate intake and the monitor takes a reading every five minutes, sending the information to the insulin pump. If the reading goes too far outside a pre-set range, it sends out a warning signal and Jeff (or a caregiver) can respond immediately. **D**

Meet our front desk staff

If you haven't already done so, please stop by our front desk and say "Hi" to Shannon, Ashley and Lisa.



Shannon started in June. Shannon loves working in the Diabetes Clinic because she loves seeing all the kids. Her mom has worked at the Endocrine Center at Aurora St. Luke's Medical Center for more than 20 years.



Ashley started with the team in August. She transferred to our clinic from the Central Scheduling Department, bringing her knowledge of their practices to our team. Ashley loves working in the Diabetes Clinic because she enjoys interacting with patient families.



Lisa is a longtime member of the Diabetes Clinic team. She just celebrated five years with our program. Lisa took some time off after the birth of her baby but now is in clinic Monday through Thursday. Lisa enjoys seeing long-term patients grow throughout the years. **D**

Prevent flu and save sleepless nights

Influenza (flu) is a contagious respiratory disease caused by a virus. Other illnesses can have the same symptoms and are often mistaken for influenza. Only an illness caused by the influenza virus is really influenza.

Anyone can get influenza, but infection rates are highest among children. Influenza can spread through coughing, sneezing or nasal secretions. This is why the flu is spread so easily among children.

The symptoms of influenza last only a few days in most people. Symptoms include fever, chills, sore throat, cough, headache, body or muscle aches and fatigue. Some people get much sicker. Influenza can lead to pneumonia. It can be dangerous for people with heart disease or breathing conditions. It can cause high fever, diarrhea and seizures in children. Children with diabetes have difficulty maintaining normal blood sugars and ketone levels. They can dehydrate quickly because of the fevers. They often do not drink well due to their sore throats and generally feeling miserable.

Do I need a pneumonia shot, too?

The pneumonia shot refers to a vaccine for the pneumococcal bacteria. There are many types of pneumococcal bacteria. They cause pneumonia (an infection of the lungs) and also can cause infections of the blood (bacteremia) and brain (meningitis). Anyone who has a long-term health problem such as diabetes can benefit from a pneumonia vaccine. Two vaccines are most commonly used. Many young children have already been vaccinated with one type as a part of their routine childhood immunizations. Another type is recommended for anyone age 2 and older. Check with your pediatrician, family doctor or primary care nurse practitioner to make sure your child is up to date with vaccinations. **D**

Influenza can be prevented with the influenza vaccine. Children older than 6 months should get the inactive, injectable form of the vaccine (flu shot). It also is a good idea for others in the family to get the vaccine to help protect the family member who has diabetes. Influenza can occur any time from November through May, but often peaks in January or February. It takes up to two weeks for protection to develop after receiving the shot, so the sooner your family is vaccinated the better. It is not too late to get the vaccine now. Protection lasts up to a year. Children younger than 9 who never have had a flu shot will need two shots at least four weeks apart. Side effects usually are quite mild and include soreness, redness or swelling at the injection site, mild fever or aches. Severe problems are very rare.

We encourage you to contact your pediatrician, family doctor or nurse practitioner to schedule an appointment to have your family vaccinated against influenza. The flu shot is not available in the Diabetes Clinic. **D**

The Diabetes Clinic at Children's Hospital of Wisconsin is one of the largest in the country, serving more than 1,700 children with diabetes. We offer:

- Full consultative service for both inpatient and outpatient settings.
- Comprehensive diabetes education program, including advanced self-management.
- Behavioral health services.
- 24-hour phone availability.
- School support program.
- Outpatient insulin pump program.

For more information about the Diabetes Program at Children's Hospital, visit www.chw.org/diabetes.

For an appointment, call (414) 607-5280 or toll-free (877) 607-5280.