

September 2009

Tips to help prevent the spread of H1N1 flu

As kids head back to school, so do germs. The H1N1 or swine flu virus is high on the list of concerns for many parents, especially those who have children with type 1 diabetes. According to the U.S. Centers for Disease Control:

- Symptoms of H1N1 flu are similar to symptoms of seasonal flu: fever, cough, sore throat, runny nose, body aches, headache, chills, fatigue, diarrhea and vomiting.
- H1N1 has varying levels of severity. Those with chronic illnesses may be at higher risk.
- H1N1 spreads through coughing or sneezing.
- There is no vaccine available at this time, but one may be available in fall 2009.
- Antiviral medications, such as Tamiflu™, may lessen the severity and symptoms.

Germs tend to spread as school resumes because many people are sharing a confined space. Students who have traveled to distant areas also may be infected with new strains of viruses and bacteria. To help prevent the spread of all viruses, including H1N1:

1. Wash your hands – Children should wash their hands often and especially after:

- Using the bathroom.
- Sneezing or coughing.
- Touching garbage or dirt.
- Petting animals.
- Touching someone who is sick.

Children should also wash their hands before:

- Eating.
- Entering school in the morning.

Wash hands with soap and water if hands are visibly dirty. Hands that are not visibly dirty can be washed with antibacterial hand sanitizer. Children should wash their hands for at least 20 seconds, or as long as it takes them to sing the *Alphabet Song* or *Row, Row, Row Your Boat*.

2. No sharing – Let your children know they should not share drinks and food with other children.



3. Cover your sneezes and coughs – Teach your children to cover their mouths with tissues or the crook of their elbows to help prevent the spread of germs when they cough or sneeze. Explain that sneezing in an open hand will spread the germs to everything they touch.

4. Keep immunizations up to date – Keeping track of your children's immunization records is important. A flu shot is recommended for most children with diabetes. Although the flu vaccines currently available may not protect from the H1N1 strain, they will provide protection from other seasonal flu viruses that may cause similar symptoms. It is important for you to discuss this with your child's pediatrician.

5. Stay home – Keep sick children at home until they do not have a fever and they feel better.

If you suspect your child has influenza or has had close contact with someone who has tested positive for H1N1, it is important to contact your child's pediatrician to determine if treatment with an antiviral medication is needed. Most healthy children will not need preventive treatment if exposed to H1N1, but this is decided on an individual basis. **D**

Transferring diabetes care to your teen

Adolescence is about expanding horizons. It's often an exhilarating but difficult time for teenagers. There are many changes going on in how they look, think and feel. When you add dealing with diabetes, the teen years can be a very challenging time for kids and their parents. The physical and developmental changes associated with puberty – such as wanting independence and risk-taking – can make adherence to a daily diabetes care routine and blood sugar control more



difficult. When children are young, parents have a more direct role in diabetes management. However, as they grow into adolescents, teens must take more responsibility for their own diabetes care. This should be done gradually, based on what the teen is ready to handle on his or her own.

Research shows that diabetes care and blood sugar control can worsen during the teen years. As children's behaviors change during adolescence, parental behavior also must change in order to help children be successful with these transitions. Many adolescents want to be more private about their diabetes care, so they stop sharing information with parents. When children are young, parents likely take responsibility for diabetes care. As the child gets older and begins doing some diabetes management tasks his or her own, parents may not have all the information they used to have every day. In some families, busy schedules also make it difficult for parents to keep informed and help problem-solve any issues or concerns.

The best way to prevent declines in diabetes care and blood sugar control during the teen years is parental involvement. The ability to talk easily and honestly about diabetes care is the basis for good parent-child teamwork during adolescence. Parents have a lot of control over what happens with their children's diabetes during adolescence. However, the self-care habits that children develop will play a big role in how they care for themselves as adults.

Teens that do the best with diabetes management have parents who stay involved in daily care, even when their child tries to push them out. However, this does not mean that parents need to do the diabetes tasks for the teenager. Instead, help supervise and manage them as they care for themselves.

The Diabetes Clinic has developed a new Transition Program that helps families successfully manage diabetes care throughout adolescence and into adulthood. The program, which starts this fall, will bring some changes in the care of adolescents in the Diabetes Clinic.

During Diabetes Clinic visits, teenagers slowly will be given more and more independence in conducting their own

clinic visits to aid in the transfer of responsibility from parent to child. Initially, the physical exam will be completed without parents being in the room. By senior year, the parents only will be brought into the clinic visit at the beginning or end of the appointment for a review of the meeting.

Parents and their teens will be asked to attend two transition education classes to learn more about the development process and transfer of care, beginning in spring 2010. The first class should be attended before teens start the 9th grade. The second should be attended before they start 12th grade.

The program will be adapted for each family's individual needs. We look forward to working with you and your teen! **D**

Dietitian's corner: Clinic Q&A

Q: I thought one-carb snacks didn't need insulin, but now I was told to dose for them. Why?

A: It is our job to keep you informed about new and better ways to control diabetes and how to fit these tactics into your life. One thing that has changed during the last 10 years is how to handle snacks.

Not everyone with diabetes needs to eat snacks between meals. If you are taking rapid-acting insulin (Humalog® or NovoLog®), you rarely should need to eat between meals to help control your blood sugar. Eating snacks between meals gives you extra carbohydrates and calories, can make you gain weight faster than is healthy and can raise your blood sugar.

Here are a few examples of when a snack may be useful:

1. During the “honeymoon” phase, shortly after you are diagnosed with diabetes, your body will make small amounts of insulin for awhile. Because your diabetes doctor will not know exactly how much insulin your body will make or what exact insulin doses you will need, low blood sugar can be more common at this time. If you regularly are having low blood sugar, it usually means that your diabetes doctor should change the amount of insulin you need. Sometimes small snacks can help stop low blood sugar.

2. Babies' and toddlers' bodies are made to eat small amounts of food more often throughout the day. Their bellies are smaller and hold less food and liquid at one time.

3. If you start a physical activity several hours after your last meal, you might need some extra carbohydrates to keep your blood sugar at a safe level. It's always a good idea to check your blood sugar before being active. If blood sugars are high before an activity (above 200), you probably don't need a snack. Check again in the middle of exercise to see if you might need one at midpoint.



If you are not in one of these situations but feel hungry between meals, it's likely that your snack will need extra insulin. Make sure that it's been two hours since your last meal and insulin dose so that you can get a good blood sugar check. You can then calculate a correction dose in with your snack dose if you need it. Otherwise, dose for the snack using whichever insulin-to-carb ratio you used at the previous meal (example: dose for an afternoon snack using your lunch insulin dose, dose for an evening snack using your dinner insulin dose, etc.). Wait another two hours before eating your next meal. Eating extra carbohydrates outside of dosed meals/snack times likely will lead to higher blood sugar.

Ask your dietitian in clinic if you have any questions regarding how to manage snacks. **D**

And the survey says ...



A big thanks to everyone who completed the survey in the last *Diabetes Dialog*. Your feedback is appreciated and will be incorporated into upcoming issues. All respondents found the newsletter to have helpful information. Most respondents also prefer to receive *Diabetes Dialog* via mail rather than e-mail, so you can expect to find future

issues in your mailbox. Suggestions include offering Web sites and other references, a section geared toward kids/teens and updates on the latest diabetes research. If you have any additional ideas you'd like to see in *Diabetes Dialog*, let us know next time you're in clinic. Again, thanks for helping us to improve our newsletter. **D**

Diabetes Dialog

Back-to-school diabetes supply list:

- Updated diabetes care plan (IHP).
- Working meter and test strips.
- Insulin pen.
- Pen needles.
- Extra insulin pen/cartridge.
- Glucagon emergency kit.
- Ketone test strips (if ordered on IHP).
- Fast-acting sugar to treat low blood sugars.
- Emergency contact information.

Remember, your child's IHP will outline where supplies are kept and who is responsible for keeping track of supplies. Being prepared will help your child transition back to school as smoothly as possible.

2009 School Plan Clinics

Monday, Aug. 24, 1-3 p.m.
Tuesday, Aug. 25, 1-3 p.m.
Thursday, Aug. 27, 1-3 p.m.
Friday Aug. 28, 9 a.m.-noon
Monday Aug. 31, 1-3 p.m.
Tuesday, Sept. 1, 1-3 p.m.
Wednesday, Sept. 2, 1-3 p.m.
Thursday, Sept. 3, 1-3 p.m.
Tuesday, Sept. 8, 1-3 p.m.
Wednesday, Sept. 9, 1-3 p.m.
Thursday, Sept. 10, 1-3 p.m.

No appointment is necessary.