



Joslin Researchers Seek Volunteers for Study on Genetic Link to Diabetic Kidney Complications

Joslin Diabetes Center in Boston seeks men and women with type 1 (juvenile-onset) diabetes and kidney disease, who also have a brother or sister with type 1 diabetes without kidney problems for a new National Institutes of Health-funded study, called the Joslin Kidney Study.

The study aims to identify genetic factors that make people with diabetes more susceptible to kidney disease than others. Participants must have been diagnosed with type 1 diabetes before age 31 and have a clinical diagnosis of kidney disease -- including proteinuria, dialysis or kidney transplant.

People from all over the world may participate. A short interview regarding family history and health, blood pressure measurements and a blood sample collection will be taken. Participants will be compensated for their time. Confidentiality of all information will be protected.

Contact project manager

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or via e-mail at

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**Did
You
Know!**

It is illegal for schools and daycare centers to discriminate against children with diabetes according to federal law(s).

Rehabilitation Act of 1973, Section 504, the Individuals with Disabilities Act of 1991, and the Americans with Disabilities Act of 1992.

Next issue: Watch for a "**chance to win**" FREE Airfare to the AADE meeting in San Diego in August 2000.



Diabetes in Primary School: Adding Confidence, Subtracting Fear

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Every year the words "Back to School" echo in the minds of kids and parents marking the transition between the freedom of summer vacation to the structure of a new school year. Did you realize that a typical school day occupies nearly one-half of a child's waking hours?!

Diabetes in School: Planning is the Key

Planning is the key in maintaining the goal of an optimal blood sugar level in primary school-age children with diabetes. As diabetes educators, we have an important role in teaching parents and their children to incorporate a daily routine of diabetes care during school hours. Placing a child's diabetes care in the hands of a school official (teacher or nurse) can be overwhelming to both the child and the assisting adult.

Characteristics of Primary Schoolagers

Primary school-aged children range from 5 to 8 years old. Physically, they are perfecting their fine and gross motor skills. Intellectually, they are developing logic in relation to concrete problems with little abstract thinking. The skill level will vary reflecting each child's level of maturity. Even if they can complete the task of glucose monitoring, the teacher should remind the child to check blood sugar levels at recommended times. Since, these children are unable to manage their own diabetes care needs, adult support is essential.

Positive Interaction: Diabetes Educator, Parents, Child and Teachers

A diabetes educator should assist parents in developing a "Diabetes Care Plan" for school. The plan will enhance communication between all parties involved (diabetes educator, parents, child and teachers). Communicating "The Plan" and expectations upfront with both teachers and school personnel will give parents assurance that their child's needs will be met. If these needs are approached in a positive manner it may help in the development and enhancement of a child's self esteem. Children with a healthy self esteem are usually more self confident later in life. Early "positive" experiences of dealing with diabetes will likely set the stage for future coping strategies.

Suggestions for Discussion with Teachers and School Personnel

Stress that it is important for a child with diabetes to have a "Diabetes Care Plan" during school hours. As diabetes educators take on a support role, the following suggestions may prove helpful to parents:

- ★ Schedule a meeting with the teacher prior to the beginning of the school year.

- ★ Include key school personnel such as gym teachers, coaches, substitute teachers, principal/secretary, cafeteria staff, as well as school bus and/or car-pool drivers.

- ★ Have an agenda that covers all necessary topics regarding the child's diabetes management. **STICK TO IT!** Use the diabetes care plan to guide discussion.

- ★ Involve the child as appropriate, depending on age and diabetes care responsibilities.

- ★ When discussing issues with school personnel, avoid using the word "fear". **INSTEAD OF** "What fears do you have about John's diabetes?"... **ASK** "What concerns do you have about John's diabetes?"



Mark Your Calendar!

Upcoming Meetings

American Diabetes Association

(47th Annual Postgraduate Course)

◆ January 19-23, 2000 - Honolulu, HI

American Association of

Diabetes Educators

(27th Annual Meeting)

◆ August 9-13, 2000 - San Diego, CA



Did
You
Know!

There are 15.7 million diabetes patients in the United States...

- ◆ Type 1: 800,000
- ◆ Type 2: 9.5 million diagnosed; 5.4 million undiagnosed.

New cases every year:

- ◆ Type 1: 13,000
- ◆ Type 2: 800,000

The future? By the year 2030, the number of diabetes patients could reach 50 million in the U.S. and at least 300 million worldwide.

Pharmacy Times • August 1999
"Practical Information for Today's Pharmacist."



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◆ The Juvenile Diabetes Foundation

What You Should Know About Diabetes

www.cyberdiet.com/modules/diabetes/outline.html

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continued... "Diabetes in Primary School: Adding Confidence, Subtracting Fear."

★ Identify school personnel willing to help. Is there a school nurse on-site, a teacher who has or is familiar with diabetes? Delineate parental involvement - *Are you available during the day?*

★ Designate two school staff members that the child is comfortable with to learn diabetes care tasks.

★ Reinforce that daily attention to diabetes is necessary for the child to STAY HEALTHY!

★ Provide general information about diabetes, stressing that diabetes is NOT CONTAGIOUS!

★ Prepare a short talk to the classroom about diabetes in words the children can understand - Ask to be part of the "health" curriculum.

★ Review the importance of carbohydrate awareness. Provide resources for teachers to simplify the interpretation of carbohydrate content in foods. Provide pre-packaged snacks of 15 gram carbohydrate servings.

★ Discuss the importance of the child's "routine" for diabetes care - times for lunch and exercise... *Can snacks be incorporated as a classroom activity?*

★ *Is a particular teacher's classroom schedule best for the child?...*

placing the child in this classroom may create less change for all involved.

★ Review signs and symptoms of hypoglycemia, the child's usual response and common times it may occur (such as midmorning, before lunch, afternoon and/or after exercise).

★ Review appropriate treatments for hypoglycemia to avoid panic and over-treatment. **Stock Glutose 15 (15 grams per tube).**

★ Treatments for hypoglycemia should be accessible to school staff and the child. Review what works best for the child. Alert the teacher that the child may need assistance with treating hypoglycemia, especially if prolonged.

★ Review hyperglycemia, particularly the signs and symptoms. Explain that the child may be extremely thirsty and have repeated requests to go to the bathroom.

★ Ask to be notified if patterns of high or low blood sugars are extreme and/or ketones are present in the urine.

★ Ask to be alerted prior to events, such as class parties and field trips, to make necessary diabetes care adjustments.

★ Update the child's office records periodically, noting the location of the diabetes care plan and list of school personnel willing to assist.

★ Work with the diabetes educator to re-evaluate the plan annually or whenever changes are necessary.

The more informed the school staff is, the better prepared and more confident all involved parties will be. The ultimate goal is to focus on the safety, long term well-being and optimal academic performance of each child with diabetes. After all, the child is a person who just happens to have diabetes.

References and additional resources are available upon request.



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DiabeteSource™ Authors

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