



Diabetes in Childhood

WHAT CAUSES TYPE 1 DIABETES?

Type 1 diabetes occurs when the body destroys the beta cells in the pancreas which produce insulin. It is not caused by eating too much sugar. No one is sure why the cells are destroyed but it may be due to heredity and/or some factor triggered by a virus. The process occurs over a period of time. Someday we hope to be able to identify the signs of diabetes early and cure it.

BASIC TREATMENT

Type 1 Diabetes is managed with healthy eating, regular exercise and insulin. Diabetes pills never work with Type 1 diabetes.

Blood glucose monitoring is an important tool for diabetes management. Depending on the child's age, blood sugar goals will vary. Monitoring shows patterns in blood sugar levels that help with finding the best diabetes treatment.

A nutritious meal plan is good for the whole family. They will be healthier with less risk for obesity, high blood pressure, Type 2 diabetes and heart disease.

There are several methods for planning meals. Carbohydrates like sugar and starches raise the blood sugar the most. They will need to be watched carefully. Fat and protein raise the blood sugar less but they need to be in balance to promote good health.

The good news is that sugar can be included in moderate amounts in the diet. No one should eat a lot of sugar so higher sugar foods must be chosen carefully. A registered dietitian can show the family how to eat well without being too strict.

Feeding a child should not be a struggle. The parent's job is to provide the best food possible while it's the child's right to decide how much to eat. With new types of insulin available, adjusting doses for finicky appetites is easier.

WHAT YOU WILL NEED TO LEARN



Besides good eating habits, the family will also need to learn about:

- Giving insulin
- Treating low and high blood sugar levels
- Handling sick days
- Adjusting insulin and food for changes in activity

The family will need to work closely with the child's teachers, school food service director, coaches and school nurse. Meeting with them at the beginning of each school year will help them be more comfortable supporting the child. They will need to know about snack needs, treating low blood sugar reactions and arrangements for blood glucose monitoring and insulin at school.

As children mature, they usually take on more of their own diabetes care. This requires good communication between the child, the medical team and the family members. A social worker or psychologist may be helpful with this transition.

Diabetes should not prevent a child from doing anything. It may just take more planning and creativity. With the right attitude, diabetes can be seen as a real opportunity for a family to lead the healthiest life possible.

QUESTIONS TO ASK

1. What are the meal planning options that may work best?
2. How often should blood sugars be tested?
3. How is insulin and food adjusted to treat low and high blood sugars?
4. Who at school needs instruction about diabetes care?

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