

Chapter 1

Dealing with Diabetes

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One of our patients told me that, when she was working at her first job out of university, the employees' tradition was to have a birthday cake and celebration for every birthday. She came to the first celebration and a colleague urged her to eat the cake. She refused and refused, until finally she had to say, 'I can't eat the cake because I have diabetes.' The woman trying to persuade her said, 'Thank God. I thought you just had incredible willpower.' Twenty years later, our patient clearly remembers being told that having diabetes is better than having willpower. Another patient told us, 'The hardest thing about having diabetes is having to deal with doctors who don't respect me.' Several times over the years, she had followed her doctor's recommendations exactly, but her glucose control still hadn't been ideal. The doctor blamed her for this 'failure'.

Although some people may try to define you by your diabetes, you know that you are more than the sum of your blood glucose levels. You have feelings, and you have a history. The way you respond to the challenges of diabetes determines whether the disease is a moderate annoyance or the source of major sickness for you.

Unless you live alone on a desert island, your diabetes doesn't affect only you. How you deal with your diabetes affects your family, friends, and colleagues, as does their desire to help you. This chapter shows you some coping skills to help you handle diabetes and your important relationships.

Diabetes in a Nutshell

What is diabetes? It's a disease in which the body does not produce or properly respond to insulin. And what is insulin? It's a hormone that you need in your body to convert sugar and other food into the energy needed for daily life. You can read more about how doctors define diabetes in Chapter 2, and about what type of diabetes you have in Chapter 3 (yes, more than one type of diabetes exists).

Because getting a diagnosis of diabetes depends on your having raised blood sugar, and because having very high blood sugar is so dangerous, doctors used to concentrate on the sugar side of diabetes. In recent years, the fact has become increasingly clear that diabetes doesn't just affect your blood sugar. If you have diabetes (and especially if you have type 2 diabetes), looking after your heart (by keeping your blood pressure and cholesterol under control) is every bit as important as looking after your blood sugar. But don't worry – this book gives you all the help you need to look after every bit of you.

You're Not Alone

Just because you have diabetes, you don't have to sit quietly in the corner and hope that no one notices. Many other people with diabetes are out there – most are ordinary people, but no shortage exists of famous ones either.

Steve Redgrave is the greatest British rower ever to have competed. He has so many Olympic and Commonwealth gold medals, he probably needs a whole room, rather than just a mantelpiece, to display them. He also has diabetes.

At the same time as Steve was rowing his way to fame, Will and Mike Cross, a father-and-son team, were walking to the South Pole. Their arrival on 17 January 2003 made Mike the oldest man ever to accomplish the feat. Even as these two reached their goal, another man on the other side of the world was working towards his. Douglas Cairns was in the middle of a five-month flight round the world, in a light twin aircraft. Will, Mike, and Douglas all have diabetes, too.

Diabetes is a common disease, so it's bound to occur in some very uncommon people. The list of people with diabetes is long, and you may be amazed at some of the names on it. The point is that every one of them lives or lived with this chronic illness, and every one of them was able to do something special with their life. Consider these other examples:

- ✔ **Politicians:** Politicians seem to be a group with a lot of diabetes. A well-recognised close link exists between type 2 diabetes and the size of your waist (Chapter 4 tells you more about diet and the onset of diabetes) – enough said for politicians! One of us was recently interviewing John Prescott about his diabetes, and he suggested that he had the sort of lifestyle that went with the illness. It was too good an opportunity to miss: we reminded him that, more to the point, he had the sort of waistline that went with diabetes. Among the Russian premiers who have had diabetes are Yuri Andropov, Nikita Krushchev, and Mikhail Gorbachev. Former Israeli Prime Minister Menachem Begin had diabetes, as does Winnie Mandela, former head of the ANC Women's League in South Africa.
- ✔ **Entertainers:** Diabetes has also affected some of the most glamorous actors and actresses in the world. Halle Berry may have been calculating her blood glucose as she climbed the podium last year to accept her Oscar; Elizabeth Taylor, as famous for her marriages as for her luminous eyes and breathtaking acting ability, has diabetes, too. So did Mae West, who told men to 'Come up and see me some time.' Singers who lived with diabetes included Harry Secombe, Ella Fitzgerald, and Elvis Presley. John Peel, one of the best-loved broadcasters in Britain, was diagnosed with diabetes. And diabetes hasn't stopped Jimmy Tarbuck from being funny.
- ✔ **Writers:** Diabetes certainly isn't a bar to creativity in the world of writing, either. Ernest Hemingway and HG Wells were both diabetics. So are Colin Dexter, the author of the Inspector Morse books, and Sue Townsend, who penned the Adrian Mole series.
- ✔ **At least one famous marquess:** And for those of you worried that having diabetes will make you less attractive to the opposite sex, there's good news. Who hasn't marvelled at the exploits of the eccentric Marquess of Bath, with his wife and seventy-three 'wifelets'? Yes, you've guessed it, he has diabetes, too.

The names in the preceding paragraphs are just a partial list of those with diabetes who have achieved greatness. The point of these many examples is this: *Diabetes shouldn't stop you from doing what you want to do with your life.*

Perhaps the many people with diabetes who achieved greatness used the same personal strengths to overcome the difficulties associated with diabetes and to excel at their particular callings. Or maybe their diabetes forced them to be stronger, more perseverant, and therefore more successful. What you need to remember is that following the rules of good diabetic care is important (you can read more about why in Chapters 7 through 12). If you follow the rules of good diabetes care, you can, for the most part, be just as

healthy as a person without diabetes. In fact, if you follow the rules, you may actually be healthier than people without diabetes who smoke, over-eat, under-exercise, or combine these and other unhealthy habits.

Even if you follow every bit of advice in this book about healthy living to the letter, you're unrealistic if you expect your diabetes not to have any effect on your health. Even with a healthy lifestyle, diabetes is likely to have some long-term effects on your eyes, kidneys, and nerves. It's also a major risk factor for heart disease. However, smoking, unhealthy eating, and lack of exercise can seriously damage your health even if you don't have diabetes. At least you have an added incentive to do something about your lifestyle at an early stage.

Chapter 15 shows you a few areas (such as piloting a commercial flight) in which certain people with diabetes can't participate – largely due to the ignorance of some legislators. As you show that you can safely and competently do anything that a person without diabetes can do, these last few obstacles to complete freedom of choice for those with diabetes will come down.

Dealing with Your Diagnosis

Do you remember what you were doing when you found out that you or a loved one had diabetes? Unless you were too young to understand, the news was quite a shock, yes? Suddenly you had a condition from which people die. Many of the feelings that you went through were exactly those of a person learning that she is dying. The following sections describe the normal stages of reacting to a diagnosis of a major medical condition such as diabetes.



You may experience the various stages of reacting to your diabetes in a different order than we describe in the following sections. Some stages may be more prominent, and others may be hardly noticeable.

The stage of denial

When your doctor first tells you that you've got diabetes, you probably begin by denying that you do, despite all the evidence. Your doctor may help your denial by saying that you have just 'a touch of diabetes', which is an impossibility equivalent to 'a touch of pregnancy'. You're probably looking for any evidence that the whole thing is a mistake. Ultimately, you have to accept the diagnosis and begin to gather the information needed to start to help yourself. But perhaps you've neglected to take your medication, follow your diet, or perform the exercise that is so important to maintaining your body.

Hopefully, you've not only accepted the diabetes diagnosis yourself, but have also shared the news with your family, friends, and people close to you. Having diabetes isn't something to be ashamed of, and it isn't something that you should hide from anyone. You need the help of everyone in your environment, from your colleagues, who need to know not to tempt you with treats that you can't eat, to your friends, who need to know how to give you *glucagon* (a treatment for low blood glucose) if you become unconscious from a severe insulin reaction.

Your diabetes isn't your fault – nor is it a form of leprosy or other diseases that historically or currently carry a social stigma. Diabetes isn't contagious, and no one can catch it from you.

If you accept that you have diabetes and are open about it, you're going to find that you're far from alone in your situation. If you don't believe us, read the section 'You're Not Alone', earlier in this chapter.



One of our patients told me about an uplifting experience she had. She arrived at work one morning and was very worried when she realised that she had forgotten her insulin. But she quickly found a source of comfort when she remembered that she could go to a colleague with diabetes and ask to borrow some insulin. Another time, she left the crowd at a party and stepped into a friend's bedroom to take an insulin injection, and she found a man there doing the same thing.

The stage of anger

When you pass the stage of denying that you or a loved one has diabetes, you may become angry that you're burdened with this 'terrible' diagnosis. But you quickly find that diabetes isn't so terrible and that you can't do anything to rid yourself of the disease. Your anger only worsens your situation, and it's detrimental in the following ways:

- ✓ If your anger becomes targeted at a person, who may get hurt.
- ✓ If you often feel guilty that your anger is harming you and those close to you.
- ✓ If your anger often keeps you from successfully managing your diabetes.

As long as you're angry, you are not in a problem-solving mode. Diabetes requires your focus and attention. Turn your anger into creative ways to manage your diabetes. For ways to manage your diabetes, see Part III.

The stage of bargaining

The reactions of anger that you may experience often lead to a stage when you or your loved ones become increasingly aware of the loss of immortality and bargain for more time. At this point, most people with diabetes realise that they have plenty of life ahead of them, but the talk of complications, blood tests, and pills or insulin starts to overwhelm them. You may experience depression, which makes good diabetic care all the more difficult.



Studies have shown that people with diabetes suffer from depression at a rate that is two to four times higher than the rate for the general population. Those with diabetes also experience anxiety at a three to five times higher rate than people without diabetes.

If you suffer from depression, you may feel that your diabetic situation creates problems for you that justify being depressed. You may rationalise your depression in the following ways:

- ✓ You're hindered by diabetes as you try to make friends.
- ✓ You don't have the freedom to choose your leisure activities because of your diabetes.
- ✓ You may feel that you're too tired to overcome difficulties.
- ✓ You may dread the future and possible diabetic complications.
- ✓ You don't have the freedom to eat what you want.
- ✓ You may feel a constant level of annoyance because of all the minor inconveniences of dealing with diabetes.



All the preceding concerns are legitimate, but they also are all surmountable. How do you handle your many concerns and fend off depression? The following are a few important methods:

- ✓ Try to achieve excellent blood glucose control.
- ✓ Begin a regular exercise programme.
- ✓ Recognise that every abnormal blip in your blood glucose is not your fault.

If you can't overcome the depression brought on by your diabetic concerns, you may need to consider therapy or antidepressant drugs. But you probably won't reach that point. Most people with diabetes don't.

Moving on

As you move through the stages of reacting to your diagnosis, don't feel that any emotion you experience – anger, denial, or depression – is wrong. These are natural coping mechanisms that serve a psychological purpose for a brief time. The key is to allow yourself to have these feelings – and then drop them. Move on and learn to live normally with your diabetes.

Maintaining the Good Life

You may assume that a chronic disease like diabetes leads to a diminished quality of life. But must this be the case? Several studies have been done to evaluate this question, and some of the more detailed findings can be seen in the sidebar 'The survey said . . .'. The evidence seems to suggest that quality of life is related directly to how well controlled the diabetes is. Those who have better control over their blood glucose levels and who maintain healthy lifestyles experience a better quality of life. A couple of other things seem to have a big impact as well: family support and whether you're dependent on insulin injections.

How to maintain quality of life

One factor that contributes to a lower quality of life is a lack of physical activity. This is one negative factor that you can alter immediately. Physical activity is a habit that you must maintain on a lifelong basis. (See Chapter 9 for advice on exercise.) The problem is that making a long-term change to a more physically active lifestyle is difficult; most people maintain their activity for a while but eventually fall back into inactive routines.

Perhaps you're afraid that intensified insulin treatment, which involves three or four daily injections of insulin and frequent testing of blood glucose, may keep you from doing the things that you want to do and diminish your daily quality of life (see Chapter 10 for more information about intensified insulin treatment). A study in *Diabetes Care* in November 1998 explored whether the extra effort and time consumed by such diabetes treatments had an adverse effect on people's quality of life. The study compared people with diabetes to people with other chronic diseases, such as gastrointestinal disease and hepatitis (inflammation of the liver), and then compared all of those groups to a group of people who had no disease. The diabetic group reported a higher quality of life than the other chronic illness groups. The people in the diabetic group were not so much concerned with the physical problems of diabetes, such as intense and time-consuming tests and treatments, as they were worried about the social and psychological difficulties.

The survey said . . .

Two studies published in 2002 and 2003 looked at the impact of people with diabetes monitoring their own glucose, with a view to tailoring and improving their own control. In other words, they looked at the impact of the person with diabetes being in day-to-day charge of their diabetes control. Both studies showed that improving their glucose control was linked to significant improvements in quality of life measurements, including depression and well-being.

Most of the other surveys of quality of life for people with diabetes have been long-term studies. In one study of more than 2,000 people with diabetes, receiving many different levels of intensity of treatment, the overall response was that quality of life was lower for the person with diabetes than for the general population. But several factors separated those with the lower quality of life from those who expressed more contentment with life.

Many other studies have examined the different aspects of diabetes that affect a person's quality of life. The studies had some useful findings:

- ✔ **Insulin injections for adults:** Do adults with diabetes who require insulin injections experience a diminished quality of life? A report in *Diabetes Care* in June 1998 found that insulin injections don't reduce the quality of life: The person's sense of physical and emotional well-being remains the same after beginning insulin injections as it was before injections were necessary.
- ✔ **Insulin injections for teenagers:** Teenagers who require insulin injections don't always accept the treatment as well as adults do, so teenagers more often experience a diminished quality of life. However, a study of more than 2,000 such teenagers in *Diabetes Care* in November 2001 showed that as their diabetic control improved, they showed greater satisfaction with their lives and felt in better health, while they felt themselves to be less of a burden to their family.
- ✔ **Stress management:** When patients were divided into two groups, one of which received diabetes education alone and the other diabetes education plus five sessions of stress management, the latter group experienced significant improvement in diabetic control compared to those with only diabetes education. This study, in *Diabetes Care* in January 2002, showed that lowering stress lowers blood glucose. How can you lower your level of stress?
- ✔ **Family support:** People with diabetes greatly benefit from their family's help in dealing with their disease. But do people with diabetes in a close family have better diabetic control? One study in *Diabetes Care* in

February 1998 attempted to answer this question and found some unexpected results. Having a supportive family didn't necessarily mean that the person with diabetes in the study would maintain better glucose control. But a supportive family did make the person with diabetes feel more physically capable in general and much more comfortable with her place in society.

- ✓ **Quality of life over the long term:** How does a person's perception of quality of life change over time? As they age, do most people with diabetes feel that their quality of life increases, decreases, or persists at a steady level? The consensus of studies is that most people with diabetes experience an increasing quality of life as they get older. People feel better about themselves and their diabetes after dealing with the disease for a decade or more. This is the healing property of time.



Putting all this information together, what can you do to maintain a high quality of life with diabetes? Here are the steps that accomplish the most for you:

- ✓ Keep your blood glucose as normal as possible (see Part III).
- ✓ Look after your blood pressure and cholesterol (see Chapter 5).
- ✓ Make exercise a regular part of your lifestyle.
- ✓ Get plenty of support from family, friends, and medical resources.
- ✓ Stay aware of the latest developments in diabetes care.
- ✓ Maintain a healthy attitude. Remember that some day you will laugh about things that bug you now, so why wait?

When you're having trouble coping

You wouldn't hesitate to seek help for your physical ailments associated with diabetes, but you may be very reluctant to seek help when you can't adjust psychologically to diabetes. The problem is that sooner or later, your psychological maladjustment ruins any control that you have over your diabetes. And, of course, you can't lead a very pleasant life if you're in a depressed or anxious state all the time. The following symptoms are indicators that you're past the point of handling your diabetes on your own and may be suffering from depression:

- ✓ You can't sleep.
- ✓ You have no energy when you are awake.
- ✓ You can't think clearly.

- ✓ You can't find activities that interest or amuse you.
- ✓ You get tearful very easily.
- ✓ You feel worthless.
- ✓ You feel guilty.
- ✓ You have frequent thoughts of suicide.
- ✓ You have no appetite, or too great an appetite.
- ✓ You find no humour in anything.

If you recognise several of these symptoms as features of your daily life, you need to get some help. Your sense of hopelessness may include the feeling that no one else can help you – and that simply isn't true. Your GP or diabetes specialist is the first place to go for advice. She may help you to see the need for some short-term or long-term therapy. Well-trained therapists – especially therapists who are trained to take care of people with diabetes – can see solutions that you can't see in your current state. You need to find a therapist whom you can trust, so that when you're feeling low you can talk to this therapist and feel assured that she is very interested in your welfare.

Your GP or therapist may decide that your situation is appropriate for medication to treat the anxiety or depression. Currently, many drugs are available that are proven to be safe and low in side effects. Even if the medication causes side effects at first, these often wear off within a couple of weeks. Sometimes a brief period of medication is enough to help you adjust to your diabetes.

You can also find help in a support group. The huge and continually growing number of support groups shows that positive things are happening in these groups. In most support groups, participants share their stories and problems, which helps everyone involved to cope with their own feelings of isolation, futility, or depression.

You can get excellent support, whether you're suffering from depression or looking after someone who has it, from MIND. Look the organisation up on www.mind.org.uk for details of your local branch. Your GP may also be able to tell you about other self-help or support groups in your area.