

So here it is, the next chapter of our Type 1 saga...

For those of you who have read Type 1: Origins (if not...why not?), you may recall it was where Gary was diagnosed and we followed his early experiences of living with type 1 diabetes. Critically, he also learned that he was not alone. With type 1 diabetes, the learning never stops.

In the movie 'Iron Man', there was the moment when Tony Stark found himself on the brink of disaster when shrapnel threatened to damage his heart. Medical intervention took him out of that predicament. Later on, a key new piece of him, the arc reactor, was taken away from him without permission. Without this, life would be over. Despite the challenge, he found the inner strength to replace what was missing. The rest is movie history. In type 1 diabetes, the ability to produce insulin has also been taken away without permission. Thankfully, what is missing can be replaced. Even so, the human body is not a perfect machine and things do not always go to plan. This is despite the best efforts to administer insulin regularly, at the right dose and at the right time.

The modern world is a hectic place and fitting into that, with or without type 1 diabetes, can be challenging for anyone. The key thing to remember in type 1 diabetes is that at times of particular stress, one must keep monitoring and not lose sight of that climbing glucose level. It could be the first sign of potential impending problems, as explored here in our latest type 1 diabetes adventure!



And a special thank you for the help and support of **Portsmouth Hospitals NHS Trust** and **University Hospital Southampton NHS Foundation trust, NHS England** and **Simon Enright.** 

We hope you enjoy!

Partha and Mayank









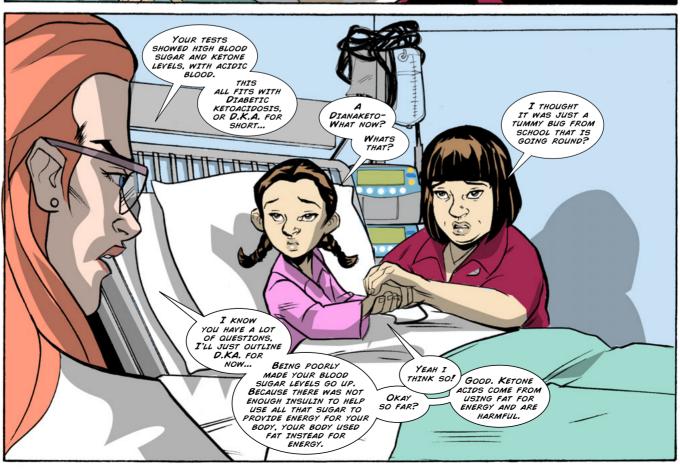




















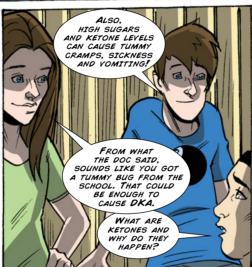






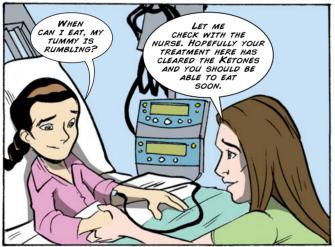






IT'S COMPLICATED!
THIS IS WHAT I WAS TOLD.
SUGAR IS THE FUEL WE ALL
NEED FOR OUR BODIES TO WORK.
INSULIN IS LIKE THE KEY FOR
THE FUEL TANK. IT LETS THE
SUGAR INTO BODY SO WE
CAN USE IT! IF YOU
GET SICK, THE LIVER
DUMPS MORE SUGAR INTO
YOUR BLOOD TO HELP FIGHT
THE SICKNESS, SOUNDS GREAT,
BUT IF THE INSULIN DOSE IS NOT
INCREASED YOU CANNOT USE
ALL THAT EXTRA SUGAR!
SO WHAT
HAPPENS IS THAT
THE BODY LOOKS FOR
DIFFERENT FUEL, IT WILL
USE BODY FAT INSTEAD
AND THAT'S WHERE THOSE
PESKY HARMFUL KETONES
COME FROM.

OH OKAY,
I'M STARTING
TO GET IT NOW,
THANKS!





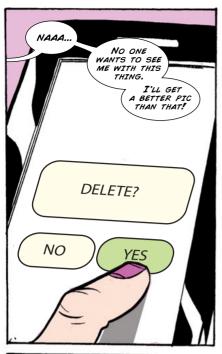








































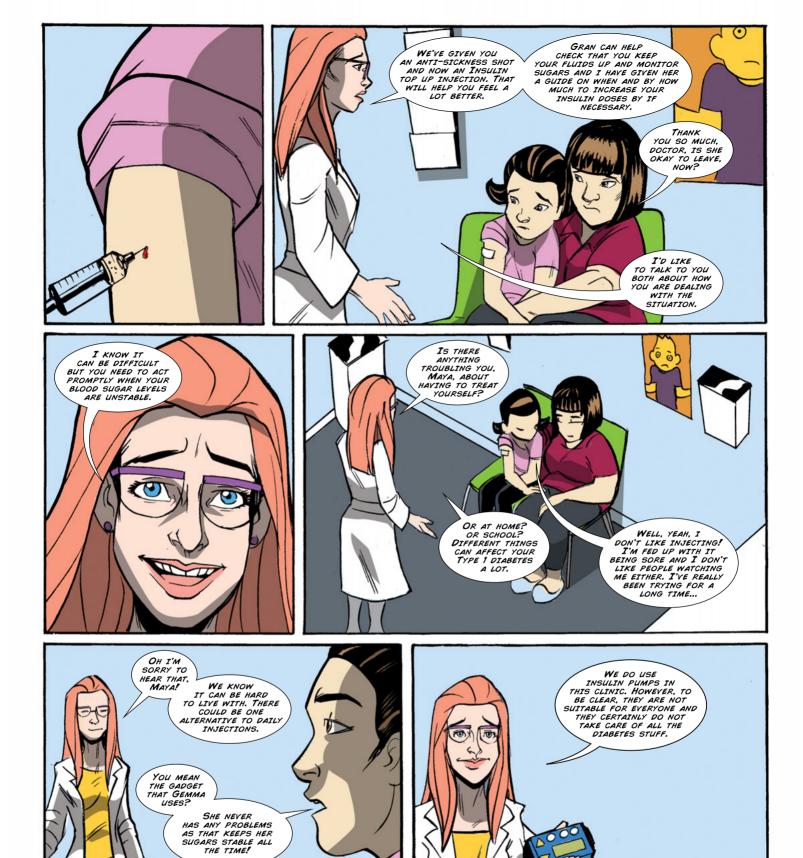










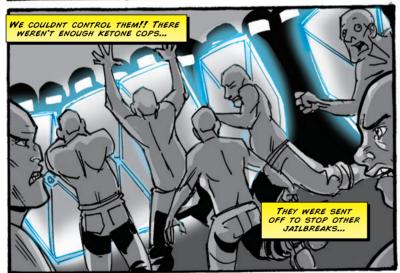






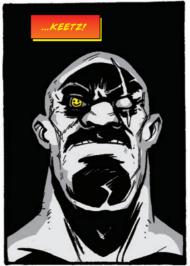










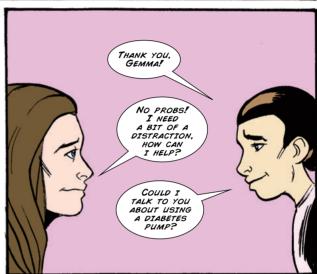


















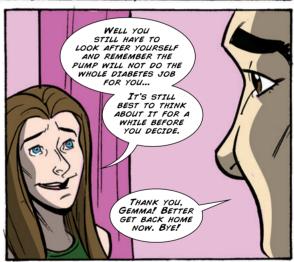


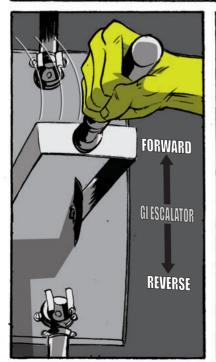






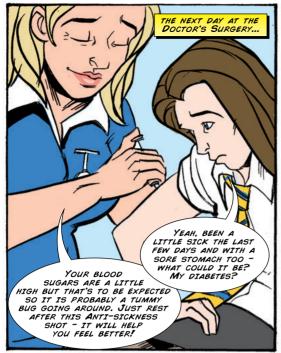


















































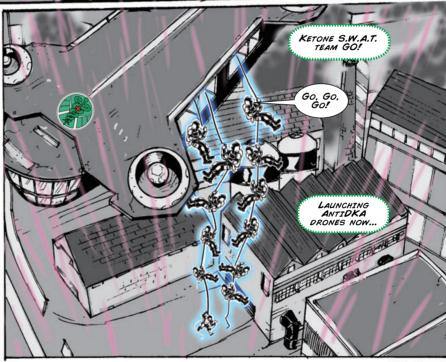


















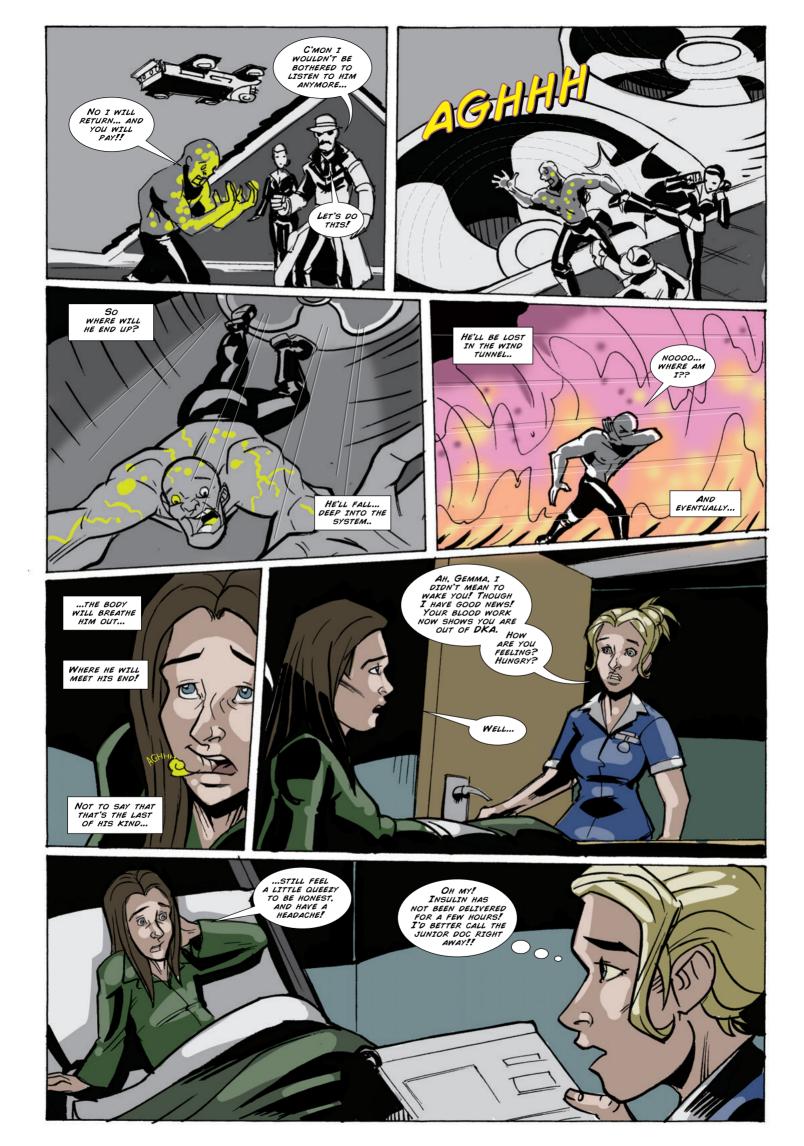






























# ACTION ON HIGH CLUCOSE IN TYPE I DINDETES

To paraphrase Liam Neeson from the movie 'Taken', living well with type 1 diabetes requires 'a very particular set of skills, skills that can take a long time to acquire'. With that said, we hope our story has highlighted the need to be aware of Diabetic KetoAcidosis (DKA) for people living with type 1 diabetes, as well as those close to them and all healthcare professionals.

Here are some action points to learn and remember –

## SYMPTOMS SUGGESTIVE OF MIGH GLUCOSE CHAPERGLICAEMIND

Thirst, passing more water than usual, tiredness or nausea, blurred vision, headache

#### CAUSES OF MAPERCUICAEMIA

- Reduced physical activity (prolonged bed rest, recovery from an operation)
- An acute situation: illness (e.g. gastroenteritis), evolving DKA, infection, other pancreatic problems, dehydration
- Insulin related: missed or delayed dose, incorrect dose, out of date or sun damaged insulin
- Insulin delivery related: damaged insulin pen, faulty insulin infusion pump, mixed insulin not agitated correctly, lumpy or fluid filled injection site used
- 'Tummy' related: overtreatment of hypoglycaemia, too many glucose containing snacks/treats, mismatch between glucose based food eaten and insulin dosing, vomiting
- Other: excess alcohol consumption (can increase dehydration and ketone production), substance abuse, use of steroids, pregnancy, periods

Anyone with type 1 diabetes is encouraged to have a plan provided for them by their local healthcare team for what to do if they feel unwell ('sick day rules'). It should give information on food choices and guidance on insulin dose adjustments, with relevant emergency contact details. The need to check ketones in type 1 diabetes at times of illness or stress does not go away with advancing age.

- DKA must ALWAYS be considered EARLY, at times of stress and illness.
- An appropriate level of insulin in the body is essential at all times to promote the uptake of glucose for its use as fuel.
- The stress of illness in particular is associated with promoting more glucose than usual to be released from the liver.
- This is even if less food than usual is eaten. People living with type 1 diabetes may not necessarily think about increasing their usual dose of administered insulin to control for this higher amount of glucose.

Everyone with type 1 diabetes, regardless of age, should have access to a means of checking their ketones promptly when unwell. If the 'at risk of DKA' threshold is exceeded, with high urine (more than '+2' on a dipstick) or blood ketone levels (above 1.5mmol/L) measured, then further medical assessment may be required. Vomiting in type 1 diabetes should ALWAYS prompt a ketone check, as this is a common and early indicator of DKA. Increased thirst, as well as nausea, tummy pain and rapid, deep breathing may also be experienced, along with increasing tiredness. It is also worth noting that ketone production can occur and be associated with these symptoms, even if the glucose level is only slightly raised. Ketones can sometimes cause a distinctive smell on the breath (very much like pear drop sweets).

### EARLY ACTION CAN PREVENT DEA FROM DEVELOPING

- If blood glucose levels are higher than usual for at least 3 to 4 hours (above 14mmol/L or 250mg/dl) and associated with absent or only low levels of ketones, then other causes for this should be considered and addressed (some causes above)
- Keeping well hydrated with water or other sugar-free fluids can help dilute down high glucose levels and wash away ketones
- Additional insulin or adjustments to existing doses may also be needed to keep glucose levels down. This is even if
  less food than usual is being eaten. Sometimes, the amount of extra insulin needed in times of illness may seem very
  high and worrying, but is necessary.
- Do follow 'sick day rules' as advised.
- Blood glucose levels should be tested at least 4 times a day and overnight if unwell.
- It only takes a few hours of elevated glucose levels, with a relative shortage of insulin to switch on ketone production, which can result in DKA
- Insulin must NEVER be stopped in type 1 diabetes, particularly at times of illness.

Someone with type 1 diabetes may find themselves feeling too unwell to manage their diabetes. In this situation, if they or family members are concerned about impending DKA, then immediate consideration should be given to call an ambulance or to go to Accident and Emergency for an urgent medical assessment. If confirmed, DKA always requires hospital based care.

DKA: Now you Do Know All about it...please Do Keep Alert

## thINkSULIN

Enough Insulin on board keeps the Ketones locked away, reducing the chance of DKA...

FOR FURTHER INFO

For further info on Type 1 diabetes- visit: www.nhs.uk/conditions/type-1-diabetes/

And check out Vol. 1 where many other resources can be found too!

an be found at:
-ketoacidosis/ www.revolvecomics.com/read-diabetes-type-1-comics/



And further information on DKA can be found at: www.nhs.uk/conditions/diabetic-ketoacidosis/

