



TYPE 1

MISSION 3:

S.T.I.C.M.A.





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Hello friends old and new! Guess what? We are back again with the next leg of our comic book journey, hopefully with some new messages for all of you to take away. So far, we have seen how Gary reacted to his new diagnosis of Type 1 diabetes (volume 1) and how Gemma got caught unawares with a high blood glucose level (no spoilers for volume 2!).

In both cases, one thing was clear: there were always others around to help at times of trouble.

When mentioned, the word "diabetes" provokes a range of reactions and emotions from different people.

Amidst the challenges of daily life, diabetes sadly also comes wrapped in a degree of stigma, regardless of the type. It is very obvious in our experience that Type 1 diabetes - like all other forms of diabetes - does present many physical challenges in life, such as the constant need to monitor and respond to glucose levels accordingly, by adjusting insulin doses. As a result, significant time is spent on daily decision making - often it's the things that those without Type 1 diabetes take for granted, such as eating, sleeping, working, exercising, being unwell, and driving. Understandably, these physical challenges can also impact on mental health. None of this is helped by flippant or inconsiderate comments made due to ignorance or in the form of a joke.

Rarely does living with Type 1 diabetes feel like a joke.

Stigma is an ugly word. It is our hope that here in our latest offering, ignorance around Type 1 diabetes is challenged head on and persuades many to think before commenting from the sidelines...

Only when we spread the right words, set the tone collectively and involve the right people can we all become 'Guardians of the Glucose'...

In this episode, we meet Nathan - and it looks like our hero is in for busy few days. We hope you enjoy being 'shaken and stirred' by our story and feel more informed afterwards about 'walking a mile in the shoes' of someone living with Type 1 diabetes.

It doesn't take much to remember 2 simple key words;

'Language Matters'.

Happy Reading!!



NHS
England

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

We hope you enjoy!

Partha and Mayank

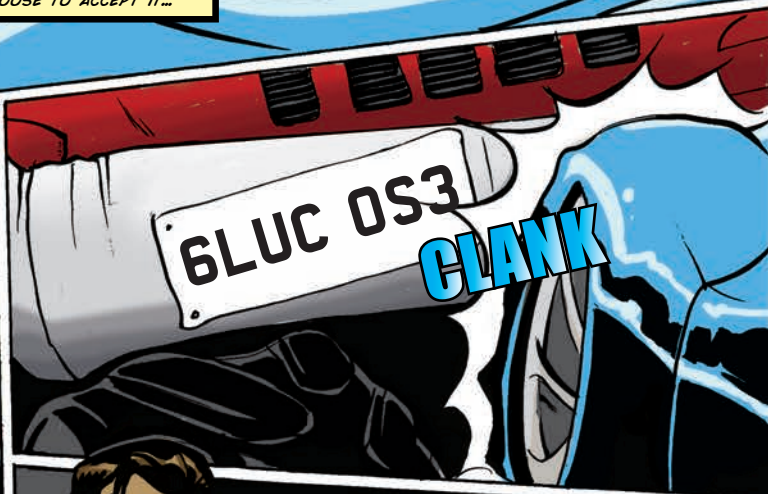


YOUR MISSION, SHOULD YOU
CHOOSE TO ACCEPT IT...



...IS TO RACE TO THE BOTTOM
AND BEAT THE MONSTER TRUCK...

HE'S
GAINING
ON ME!



6LUC 0S3

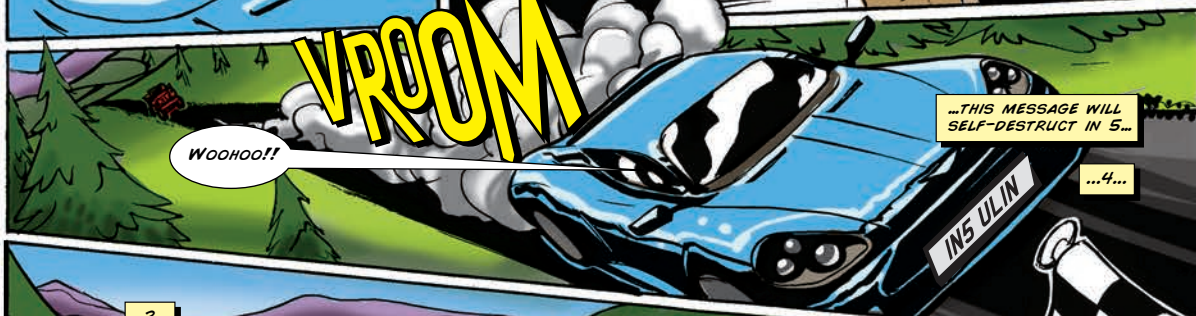
CLANK



I KNOW...
LET'S GIVE THIS
BABY A BOOST
OF...

Engaging
Nitro Boost!

CLICK



VROOM

WOOHOO!!

...THIS MESSAGE WILL
SELF-DESTRUCT IN 5...

...4...



...3...

...2...

1...

Yes!
I WON!!

BEEP BEEP BEEP BEEP

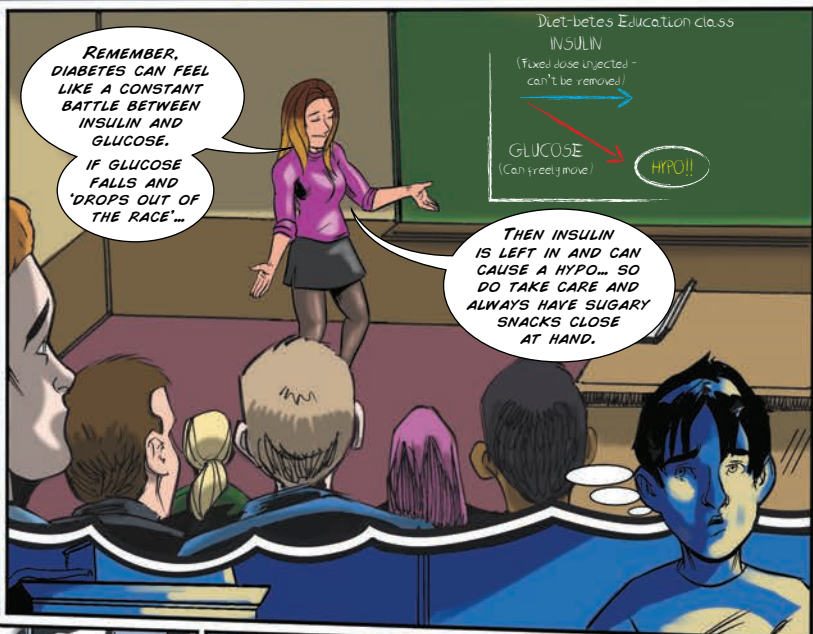


NATHAN, LIVING WITH TYPE 1 DIABETES...

--ALERT!--
HYPO ZONE ENTERED
1:56 AM



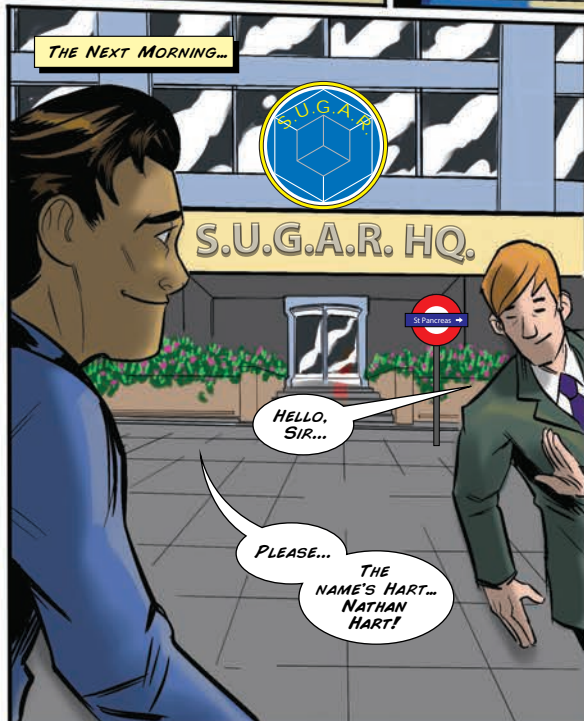
WOW!
THAT WAS A WEIRD DREAM... REMINDS ME OF WHAT LADY P THE DIETITIAN SAID WHEN I WAS FIRST DIAGNOSED...



REMEMBER, DIABETES CAN FEEL LIKE A CONSTANT BATTLE BETWEEN INSULIN AND GLUCOSE. IF GLUCOSE FALLS AND 'DROPS OUT OF THE RACE'...

Diet-betes Education class
INSULIN
(Fixed dose injected - can't be removed)
GLUCOSE
(Can freely move!)

THEN INSULIN IS LEFT IN AND CAN CAUSE A HYPO... SO DO TAKE CARE AND ALWAYS HAVE SUGARY SNACKS CLOSE AT HAND.



THE NEXT MORNING...

HELLO, SIR...

PLEASE...

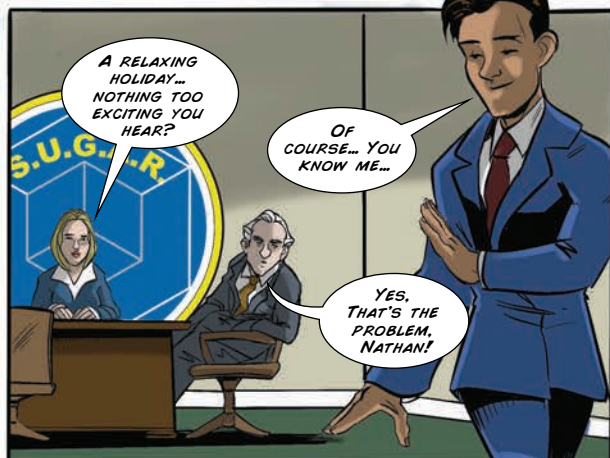
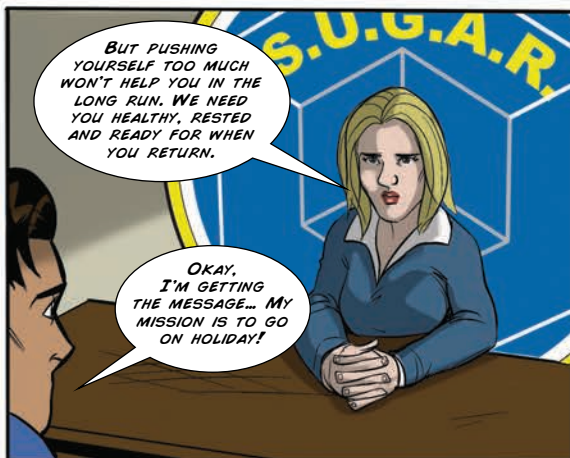
THE NAME'S HART... NATHAN HART!

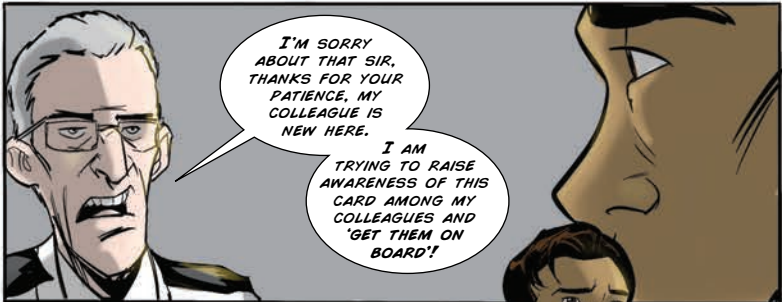
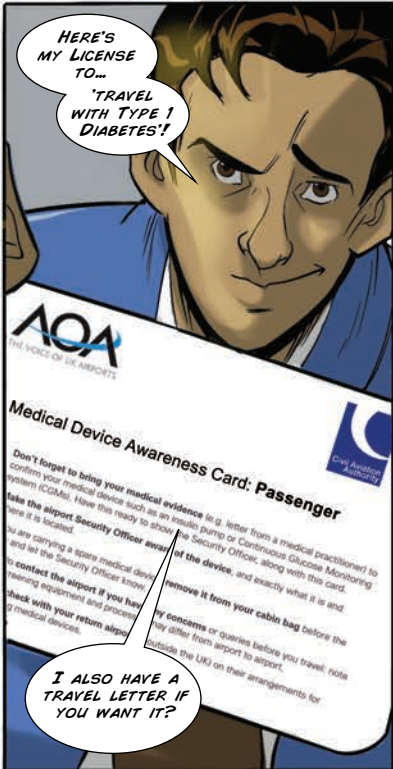
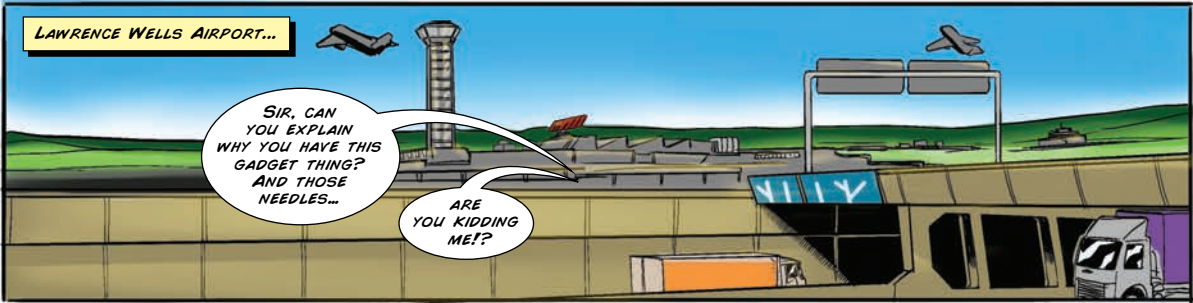


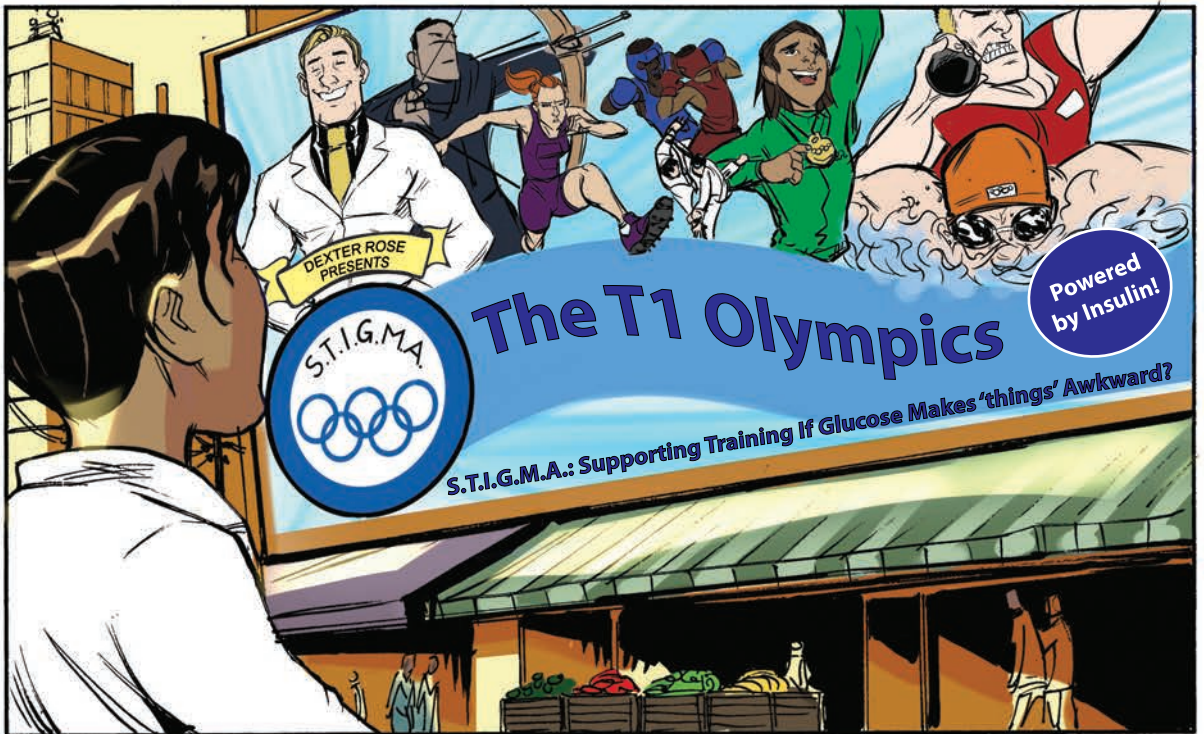
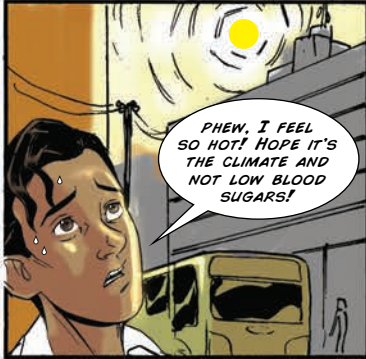
GOOD MORNING, MISS MONEYPLENTY...

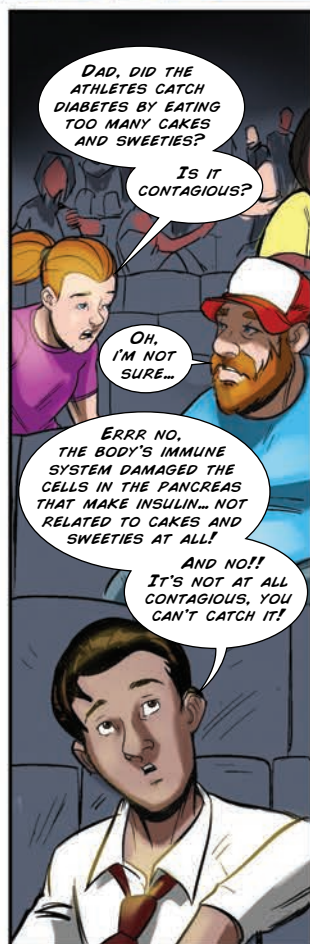
DON'T YOU LOOK RAVISHING TODAY!

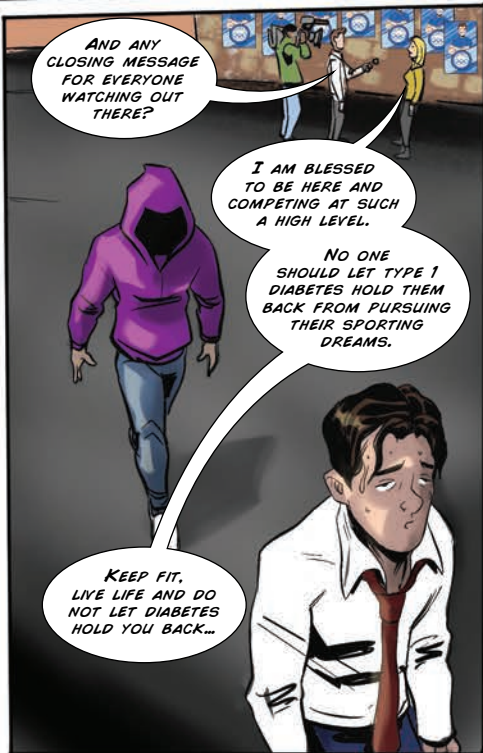
MORNING, MR HART! I BELIEVE 'J' IS EXPECTING YOU IN HER OFFICE!

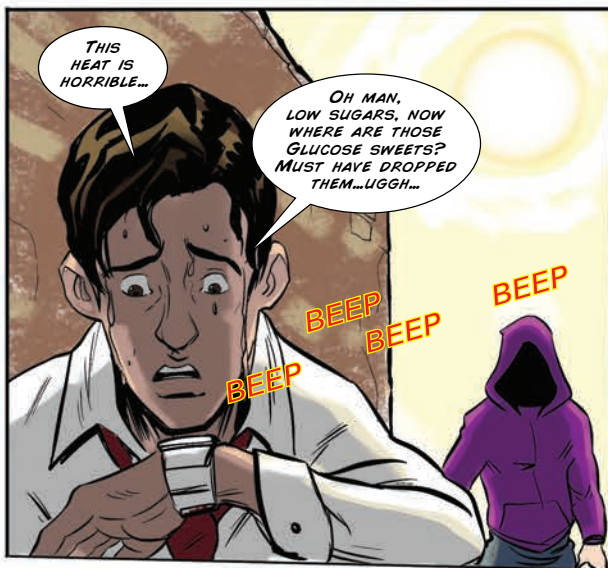












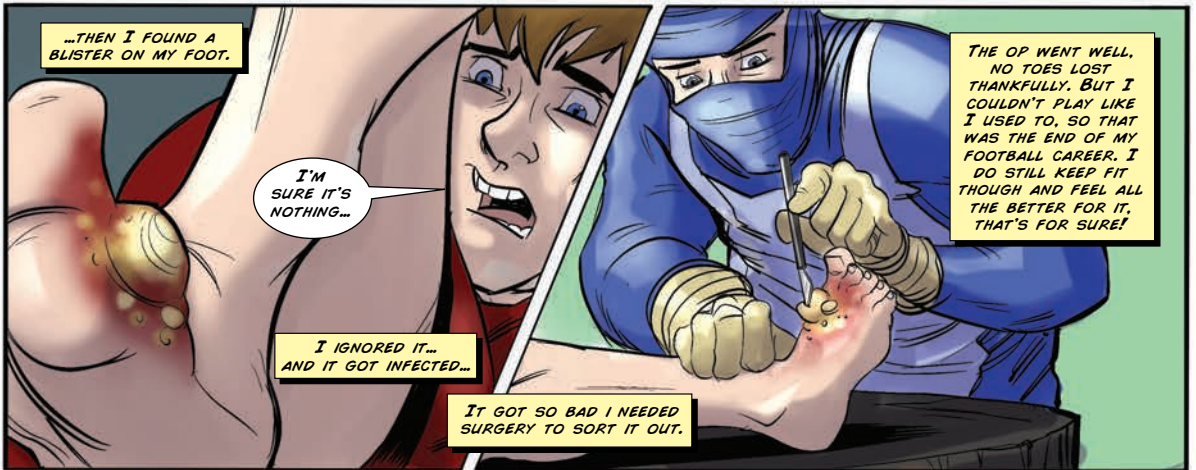


I KNOW WHAT STRESS CAN BE LIKE...

GARY 'THE THUNDERBALL' PALMER SCORES AGAIN!!

THWACK

I WAS GETTING ON REALLY WELL PLAYING FOOTBALL - IT LOOKED AS IF I COULD GO PROFESSIONAL...



...THEN I FOUND A BLISTER ON MY FOOT.

I'M SURE IT'S NOTHING...

I IGNORED IT... AND IT GOT INFECTED...

IT GOT SO BAD I NEEDED SURGERY TO SORT IT OUT.

THE OP WENT WELL, NO TOES LOST THANKFULLY, BUT I COULDN'T PLAY LIKE I USED TO, SO THAT WAS THE END OF MY FOOTBALL CAREER. I DO STILL KEEP FIT THOUGH AND FEEL ALL THE BETTER FOR IT, THAT'S FOR SURE!



I WISH I KNEW THEN WHAT I KNOW NOW...

THANK YOU, GARY!

TALKING TO YOU HAS REMINDED ME OF SOMETHING 'G' SAID AT MY WORKPLACE MEDICAL...



REMEMBER, DIABETES CAN INCREASE THE RISK OF FOOT PROBLEMS.

IF YOU NOTICE YOUR FOOT IS UNEXPECTEDLY RED...

OR PAINFUL, SWOLLEN, HAS A WEEPING WOUND THAT SMELLS BAD OR IS SLOW TO HEAL...

THEN GET ADVICE AS SOON AS POSSIBLE...



IF YOU HAD IGNORED IT FOR LONGER...

YEAH, BEST TO STAY POSITIVE, FOR SURE!

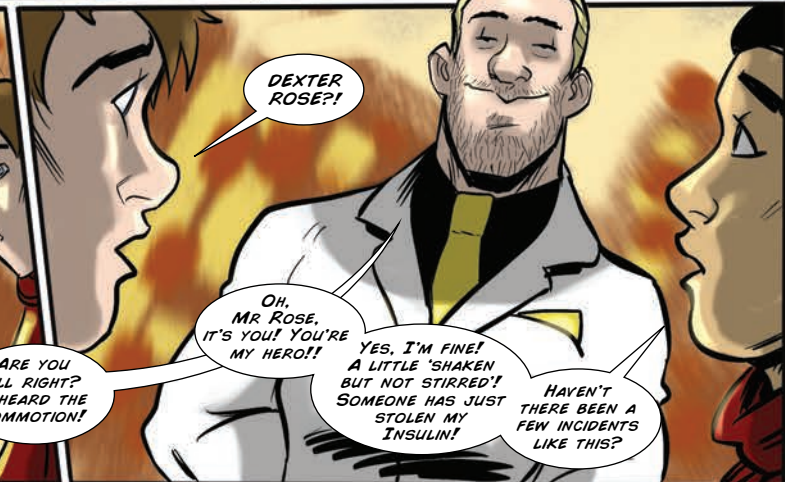
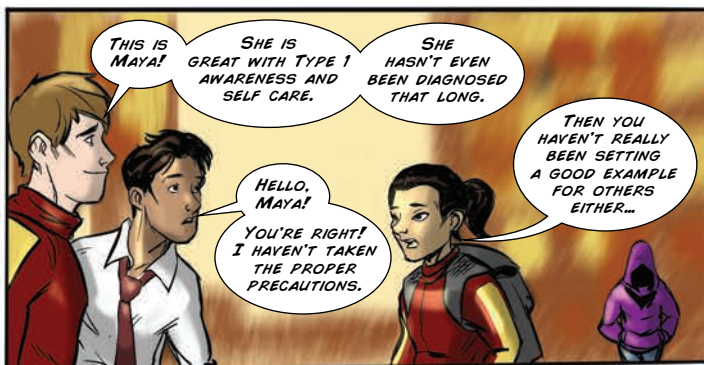
LOOK AT THAT MAN, MUM! IS HE DRUNK?



NO, I HAVE TYPE 1 DIABETES AND I'M RECOVERING FROM LOW SUGAR! NO ALCOHOL INVOLVED!

OH SORRY MISTER, MY BAD, TAKE CARE.

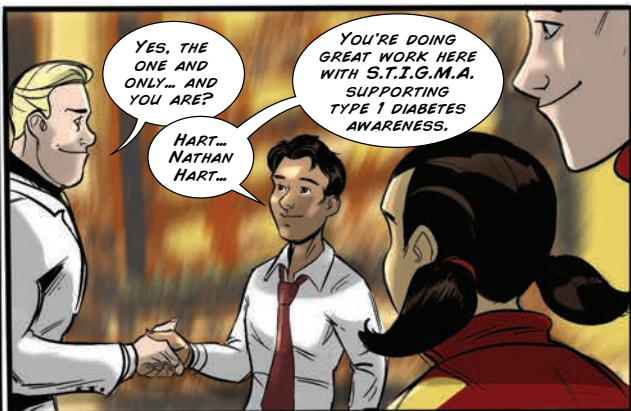
SHOULDN'T HE BE WEARING A DIABETES WRISTBAND?

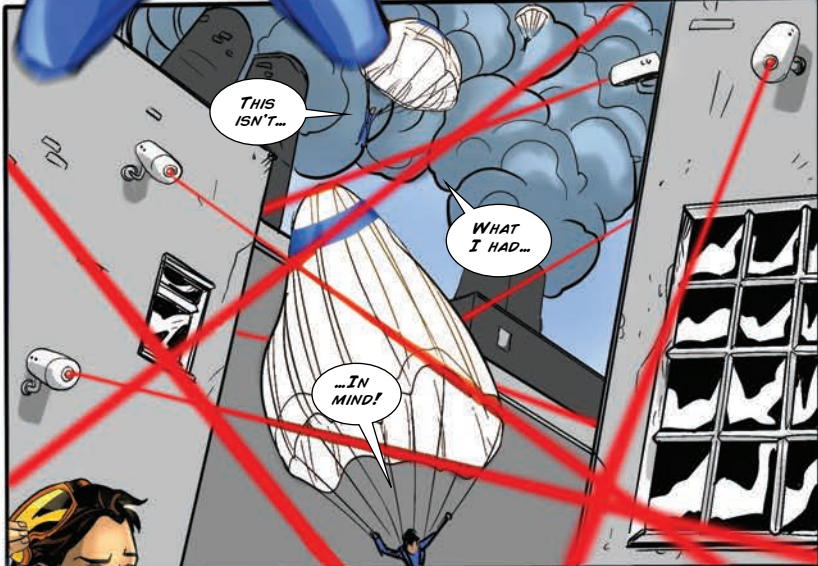
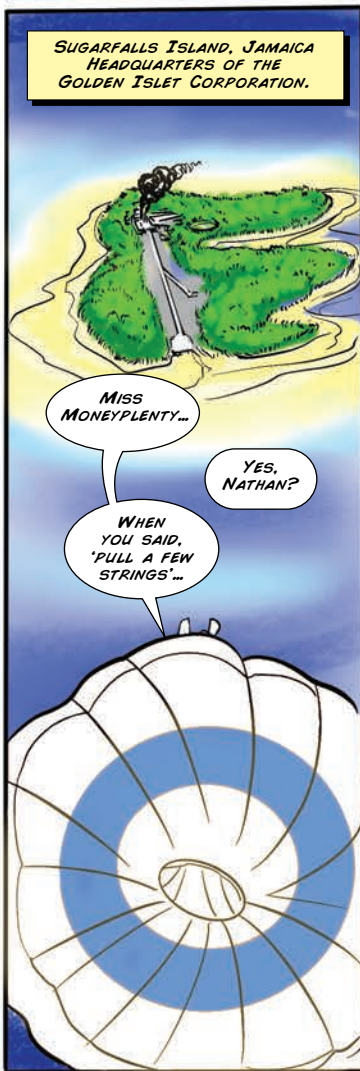


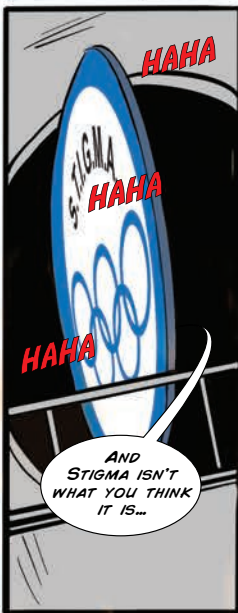
OH, MR ROSE, IT'S YOU! YOU'RE MY HERO!!

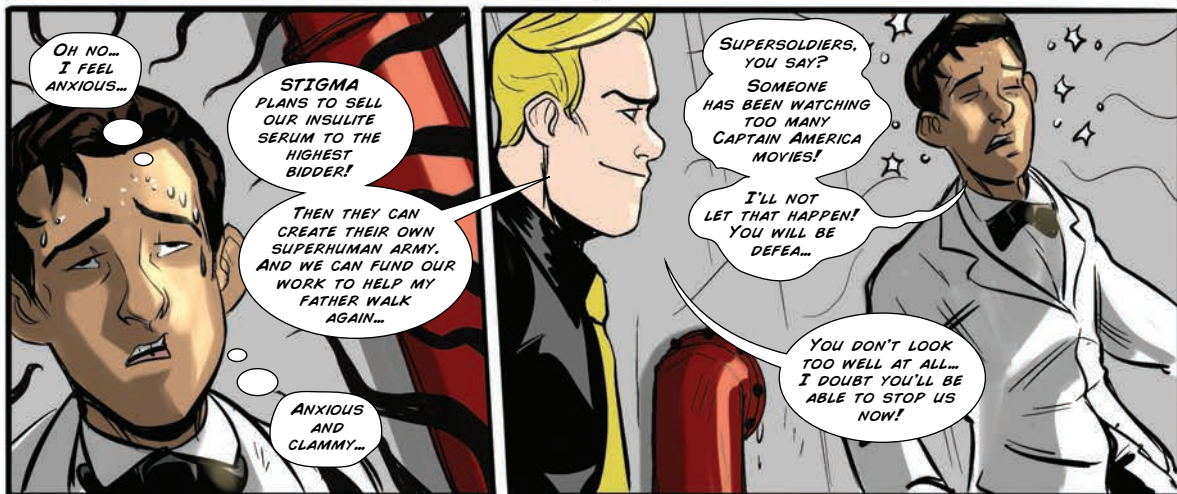
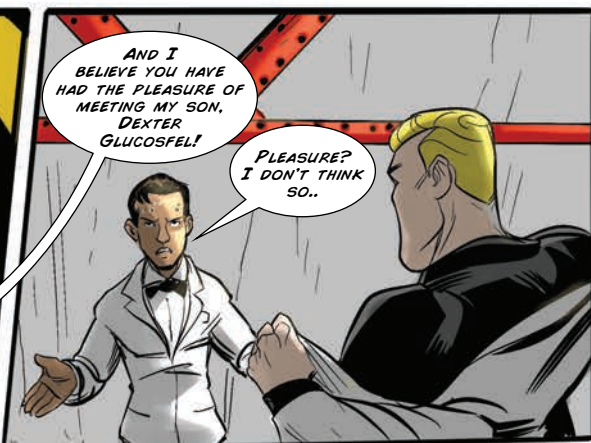
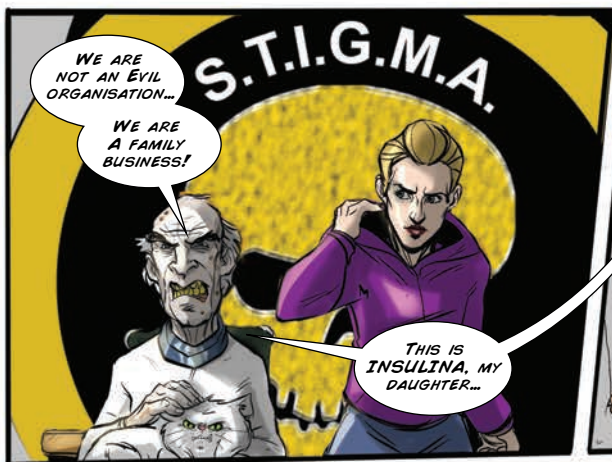
YES, I'M FINE! A LITTLE 'SHAKEN BUT NOT STIRRED'! SOMEONE HAS JUST STOLEN MY INSULIN!

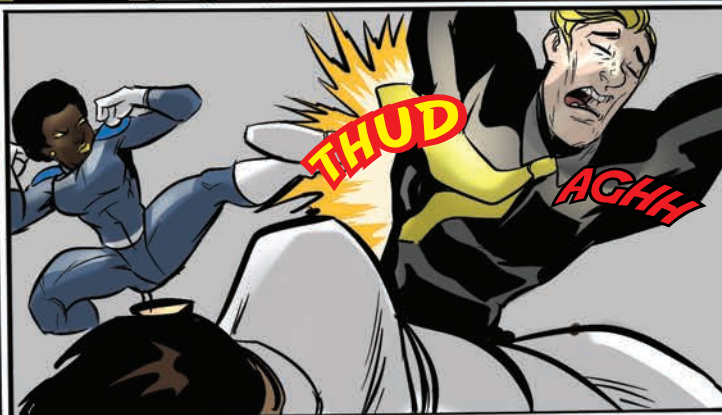
HAVEN'T THERE BEEN A FEW INCIDENTS LIKE THIS?



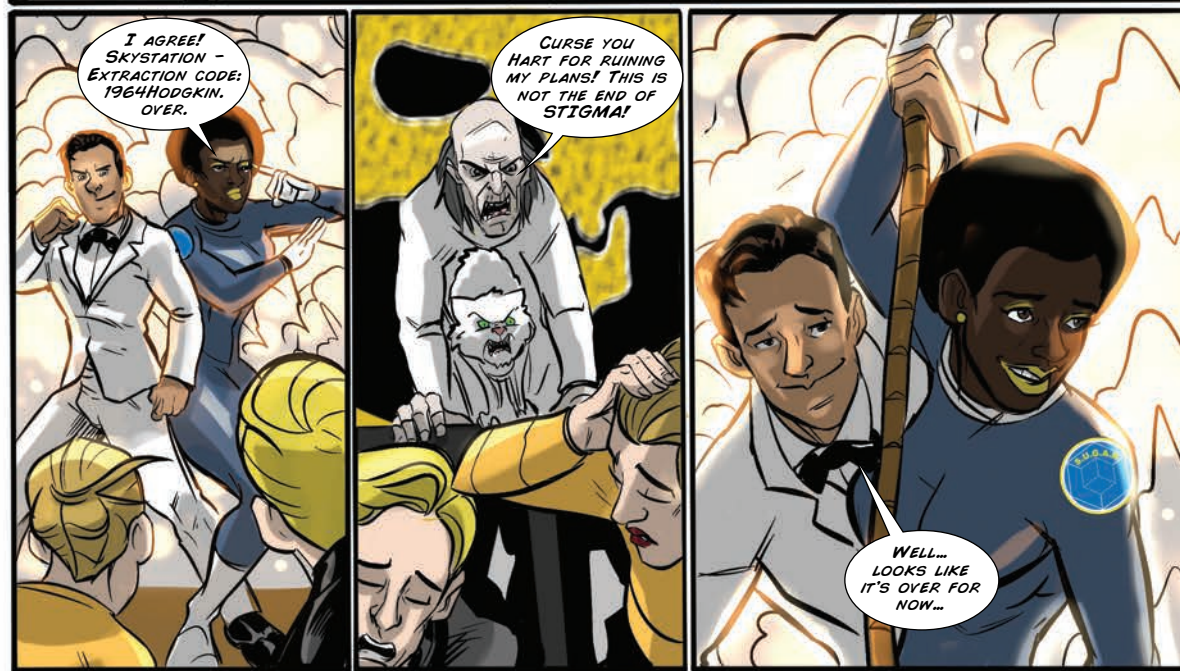
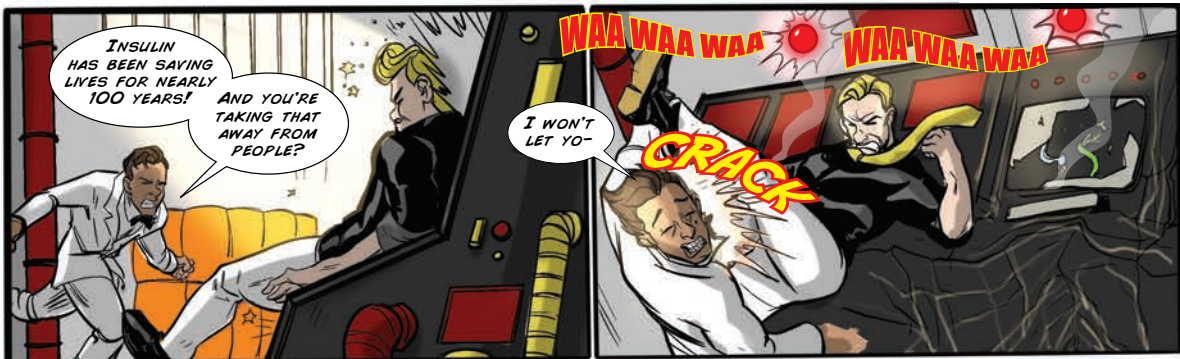


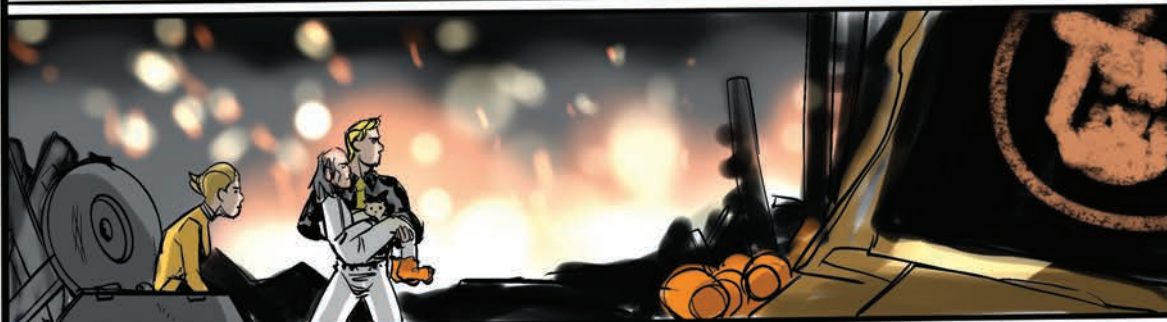
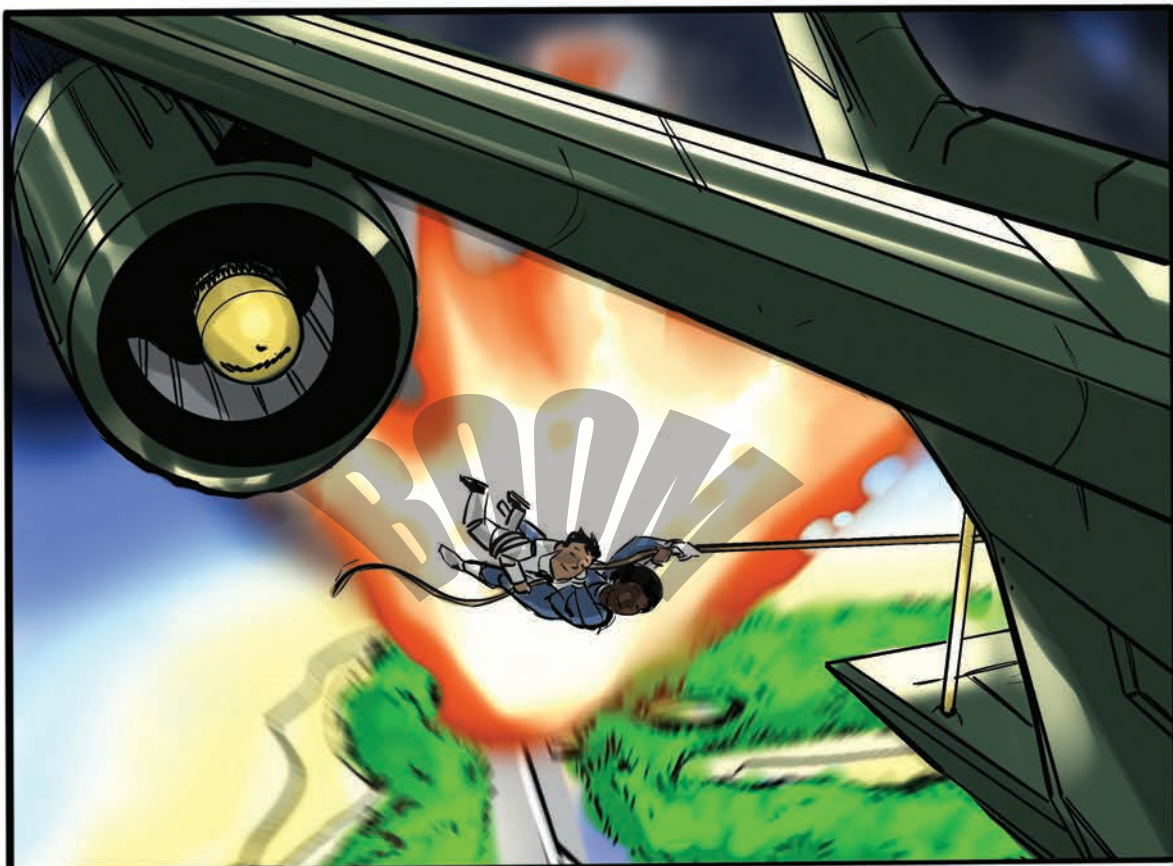


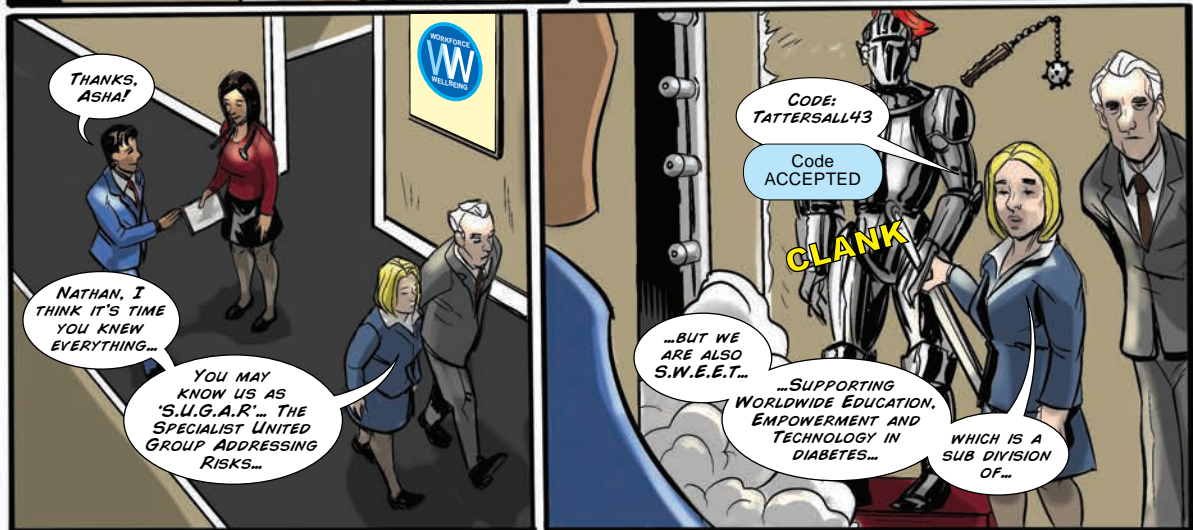
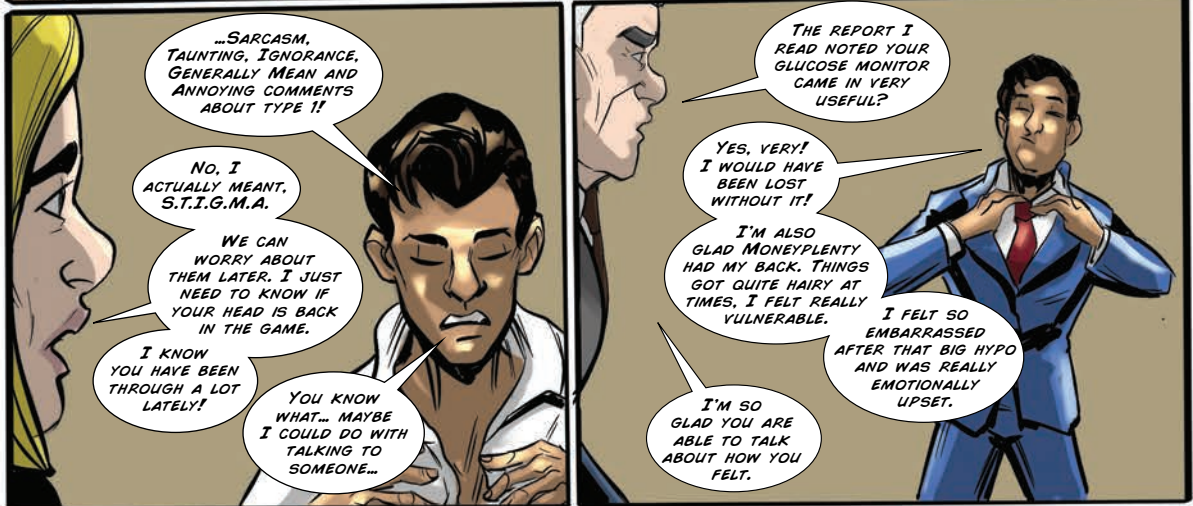
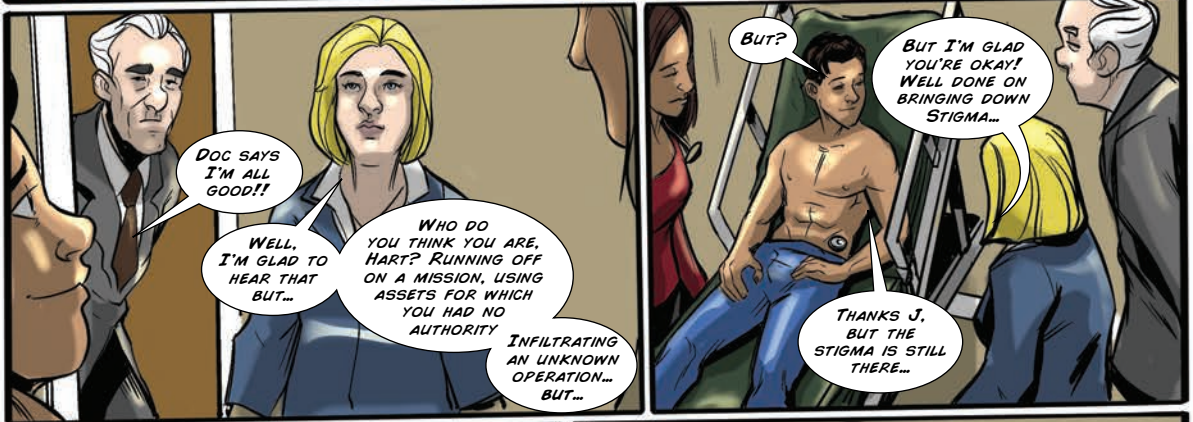
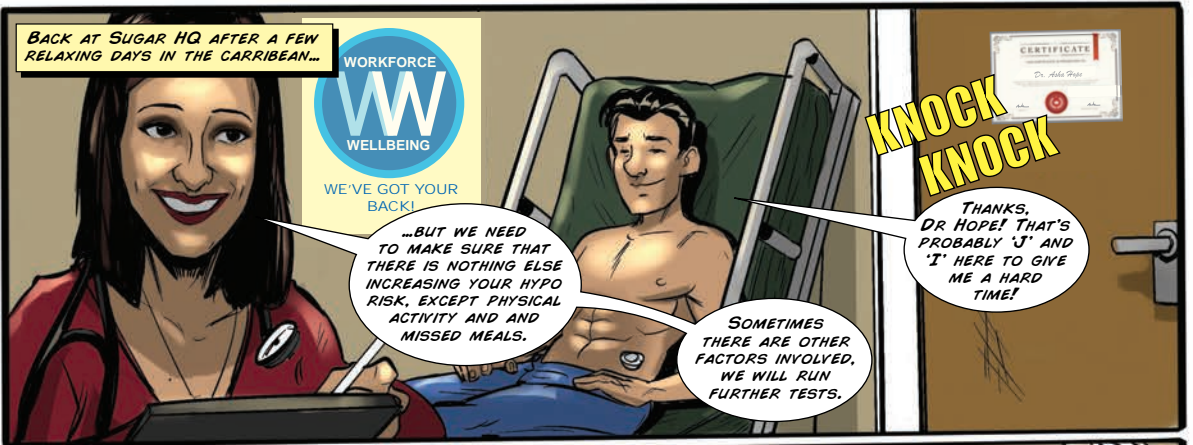


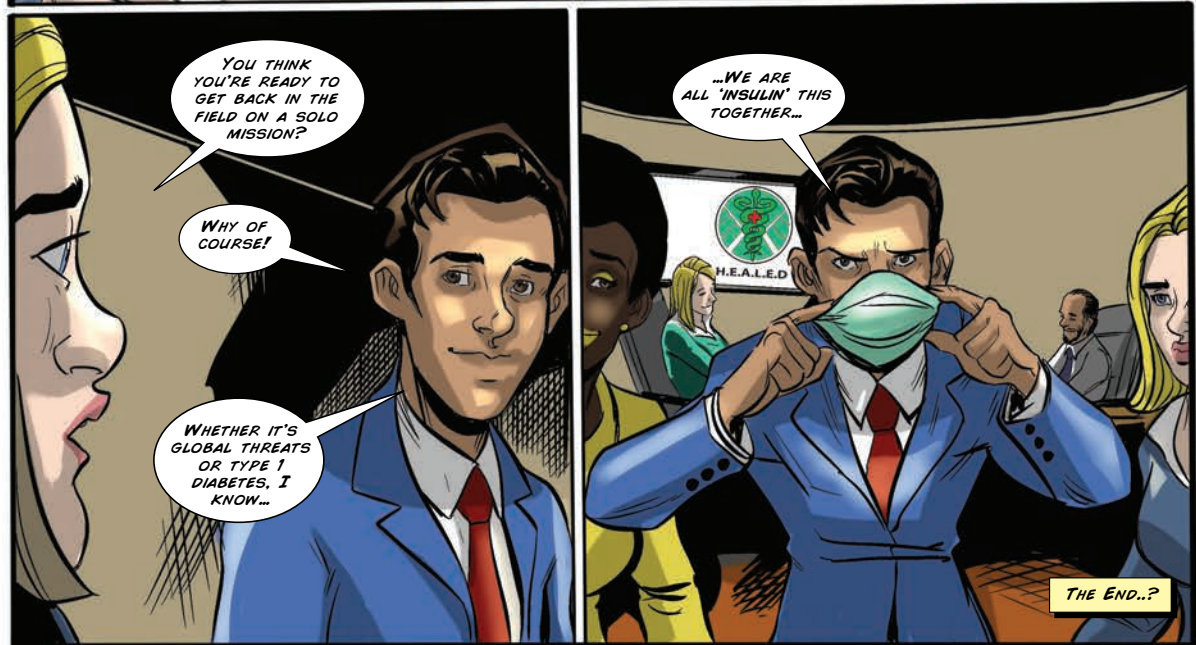
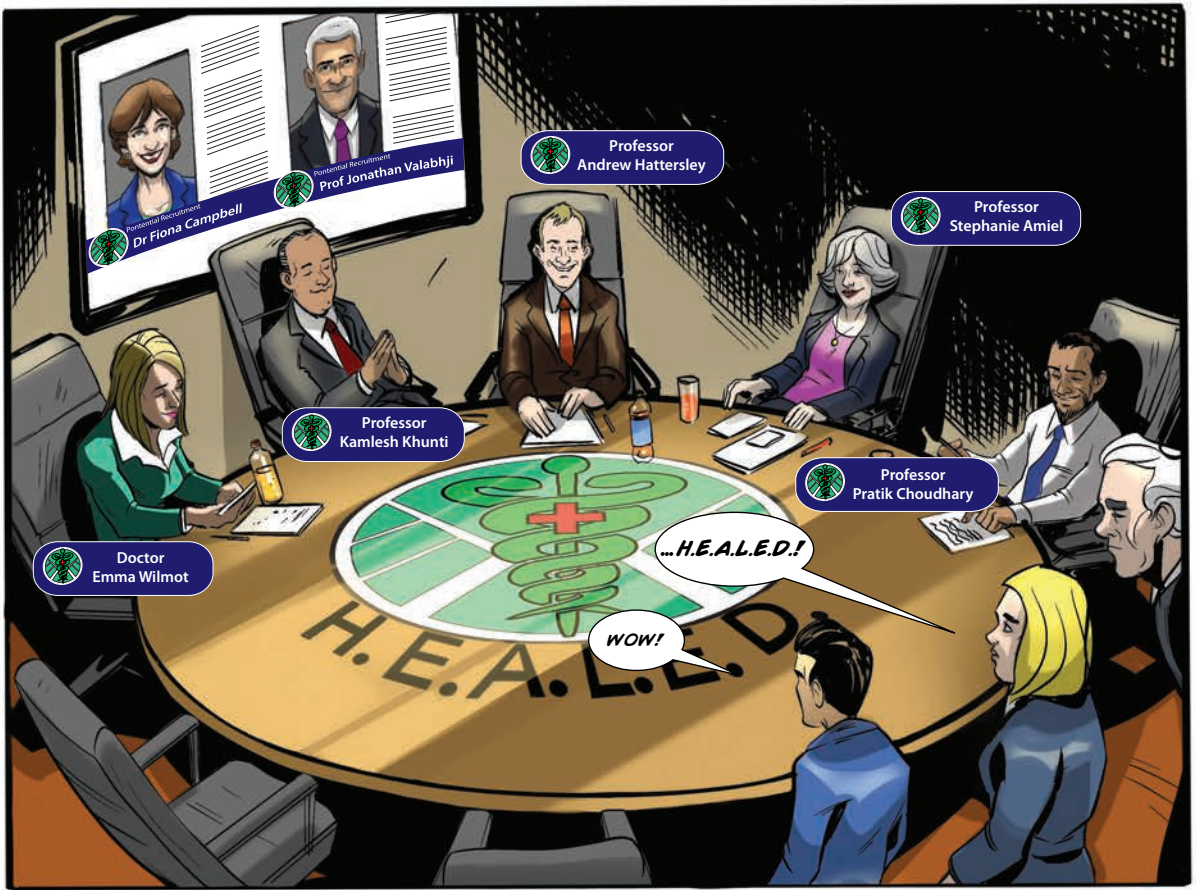












ACTION ON LOW GLUCOSE IN TYPE 1 DIABETES



As Nathan's story has illustrated, though hypoglycaemia can be an issue in type 1 diabetes, there are ways in which it can be managed to help individuals live well. It is especially important that as well as those living with type 1 diabetes, those close to them and all healthcare professionals should also have awareness of the physical and psychological impact of hypoglycaemia.



HYPOGLYCAEMIA: THE LOWDOWN

Hypoglycaemia (or low sugar, 'hypo' for short) occurs when there is a mismatch between blood glucose (sugar) and blood insulin levels. As a result, glucose levels can fall low enough to present a risk to health. Left untreated, individuals can find themselves feeling unwell and becoming drowsy.

These guidance notes should help you remember the key issues...

Recognise the symptoms:

- Hypo symptoms can vary from person to person. The classic symptoms that kick in when the blood glucose level is at 4mmol/L (72mg/dL) or lower are shown in the table below, along with late hypoglycaemia symptoms:

Examples of common EARLY hypoglycaemia symptoms (body aware that it is under 'stress' from a low glucose state)		Examples of common LATE hypoglycaemia symptoms (brain now short of glucose, affecting decision making and communication)	
Sweating	Dizziness	Headaches	Speech difficulty
Palpitations	Irritability	Poor concentration	Difficulty coordinating movements
Tingling lips or tongue	Hunger	Confusion	Drowsiness
Shaking			

If you are concerned that you do not get any of these symptoms when your meter shows a blood glucose reading of 3.5mmol/L (63mg/dL) or less, then seek medical advice as you may have 'hypoglycaemia unawareness'. Specialist support may be needed.

Respond promptly:

- The suggested advice is to use a quick acting sugar based remedy first (if awake and able to swallow), e.g; 3-4 dextrose/glucose sweets. If those around you are concerned that you are unwell and cannot swallow safely, medical assistance may be needed. Once recovered, the initial quick sugar snack should be followed by a small snack to reduce the chance of a further hypo, such as a cereal bar, piece of bread or fruit.

Reflect on causes:

- Once recovered, it is important to think about why the hypo happened. Most often, it is due to:

Reduced blood glucose levels:

- Following exercise or excessive physical activity (gym, gardening, housework, dancing, long walks etc).
- Reduced carbohydrate intake (eg vomiting, reduced appetite, smaller portions, missed meal).
- Alcohol reducing glucose release from the liver into the blood.

Increased blood insulin levels:

- Injecting through lumpy sites causing erratic insulin absorption by the body.
- Incorrect insulin dosing appropriate for the situation (e.g mealtime dose miscalculation).
- Hot weather that can increase the rate of insulin absorption as the body tries to cool down.
- Injecting insulin into an exercising limb, resulting in more rapid insulin absorption.

ACTION ON LOW GLUCOSE IN TYPE 1 DIABETES

Record the event:

- o This may help you and your healthcare team reduce your risk of further hypos by identifying patterns and times of increased hypo risk.

Reduce further risk:

- o Once recovered, it is important to monitor glucose levels closely until things stabilise, to help reduce the chance of a recurrent episode.
- o Once potential causes have been considered, steps can be then be taken to reduce the chance of recurrent hypos through a combination of appropriate glucose monitoring, carbohydrate intake and insulin dosing.
- o Always carry appropriate hypo treatments with you.
- o For exercise, don't start unless your glucose level is above 7mmol/L (126mg/dL) and consider taking extra carbohydrate if below this. Definitely DO NOT exercise for at least 24 hours following a severe daytime or overnight hypo.
- o Telling friends, family and work colleagues about hypo symptoms (and actions they could take to help) and wearing personal diabetes identification are worth considering.

Renal problems:

- o If you are known to have kidney problems, a markedly reduced level of kidney function can make it difficult for administered insulin to be cleared away by the body. This can then lead to blood insulin levels rising, increasing the risk of a hypo. Seek advice if concerned, as insulin dosing guidance may need to be reviewed to account for this.

Remember driving:

- o As someone living with type 1 diabetes and using insulin, glucose levels should always be checked before and during prolonged periods of driving (every 2 hours) to ensure the risk of having a hypo is low, with appropriate snacks kept in the vehicle. In the UK, blood glucose levels must be 5mmol/L (90mg/dL) or above, i.e. '5 to drive'.

Referral needed?

- o Sometimes, despite best efforts, hypos can become recurrent, disabling and bothersome. There can be some less common causes of hypos to exclude. It is worth seeking advice from your usual healthcare team in case referral to a specialist Diabetes team is needed.

Type 1 diabetes and exercise:

It is important that we all try to live well, stay healthy and keep physically active. We don't all have to be athletes and sports superstars! Having type 1 diabetes should never be a barrier to undertaking exercise. Some advice may be needed in terms of insulin dose management from your local team. These resources may also be of use:

Extod.com
Runsweet.com
Excabs.com

Mental health

It is widely appreciated that living with type 1 diabetes can present mental as well as physical challenges. People are encouraged to be open about the impact of diabetes on their mental health and seek advice from their local teams.

★ LANGUAGE MATTERS

For anyone interested in knowing more about 'Language Matters', see:
www.languagemattersdiabetes.com

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revolvecomics.com

