



TYPE 1

AWAKE AND PUMPED





TYPE 1

AWAKE AND PUMPED

Hello friends old and new!

Well, here we are, back once again with our latest comic chapter.

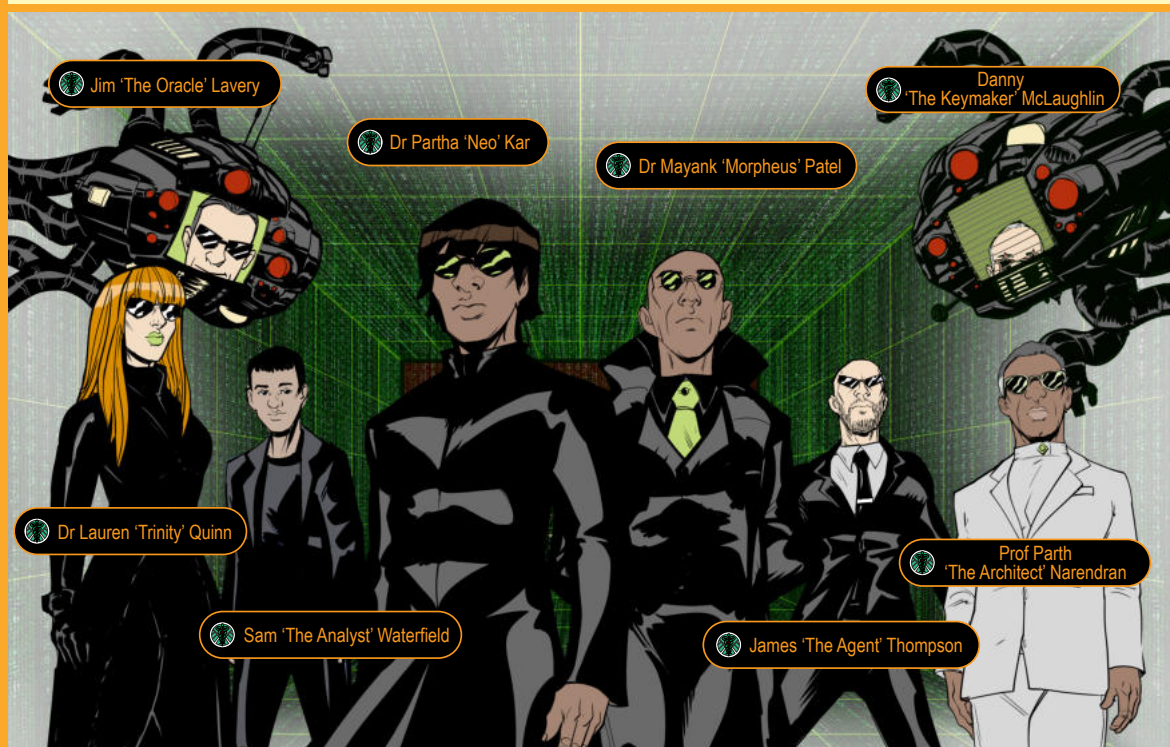
To date, we have seen Gary adapt to his diagnosis of type 1 diabetes (volume 1), Gemma getting into a spot of bother with high blood glucose levels (volume 2) and despite the personal challenges of low blood glucose, Nathan saved the day from stigma (volume 3). As if that was not enough, Kieran took a trip down memory lane to truly appreciate the power of insulin (volume 4), and a team of young, newly qualified ward staff took an 'out of this world' trip to realise how not addressing the basics of diabetes care for hospital patients can cause problems (volume 5). In all cases, no one was left to face their challenges alone, help was always at hand.

Many people who were diagnosed with type 1 diabetes in childhood recall sometimes being rushed to hospital in an ambulance, often in the middle of the night, treated in a busy Accident and Emergency department. They recall how scary the whole experience was for them and their parents. But what if it does not have to be like this anymore? what if there was a way to help determine who might be at risk of developing type 1 diabetes earlier and more formally, so they could then be kept under clinic review, with the diagnosis made and insulin started in a more ordered manner, without needing emergency care?

Well, the good news is that this is now possible, with blood tests more widely available to measure antibodies to help inform individual risk – this won't be the same for everyone.

In addition, the world of technology available to support people with diabetes is fast moving and has come a long way in recent years. This has been positively changing lives for those living with type 1 diabetes. This story also presents a version of how the newest wearable insulin delivering and glucose monitoring technology really works (well, in Mega City T-One at least!).

We are grateful to Professor Parth Narendran for his help with scientific scripting and of course to James and Sam, our comic reviewers.
We hope you enjoy our latest offering, happy reading!



大冒険
冒険ロケット

COMING
IN FOR
LANDING!



ENGAGING
HOVER LANES
NOW!



GAD65, ZN8,
IA-2...

WE'RE
JUST UP
AHEAD!



HERE WE
ARE!



MICROFY
DRIFTER
BIKES!

ROGER THAT,
GAD65!

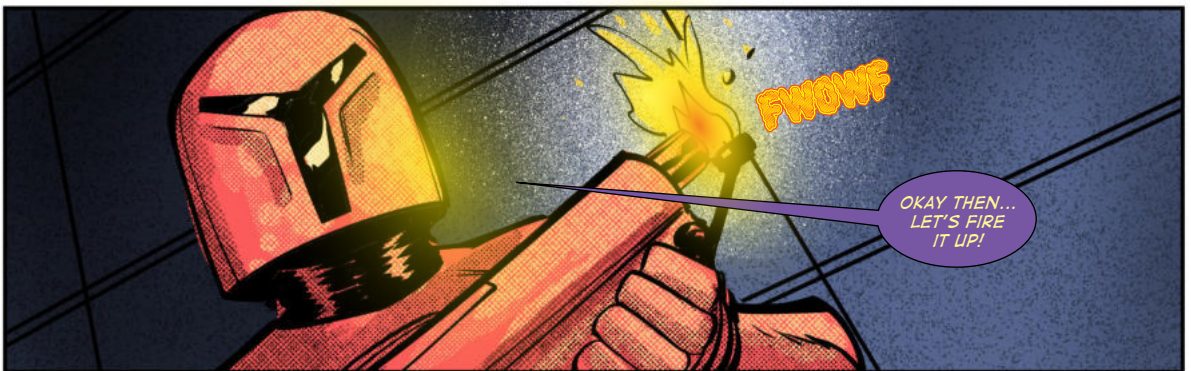
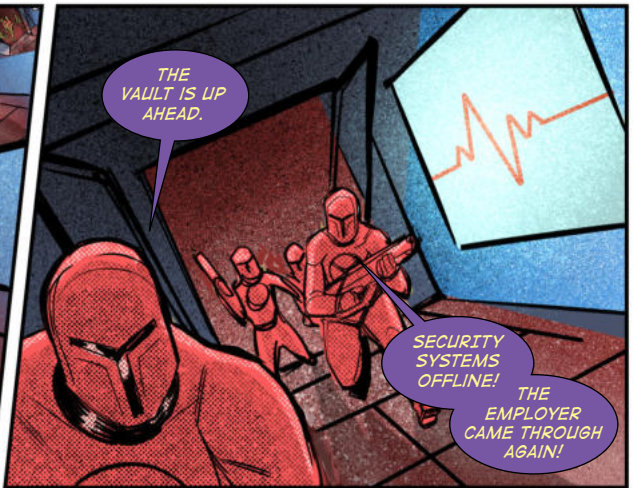


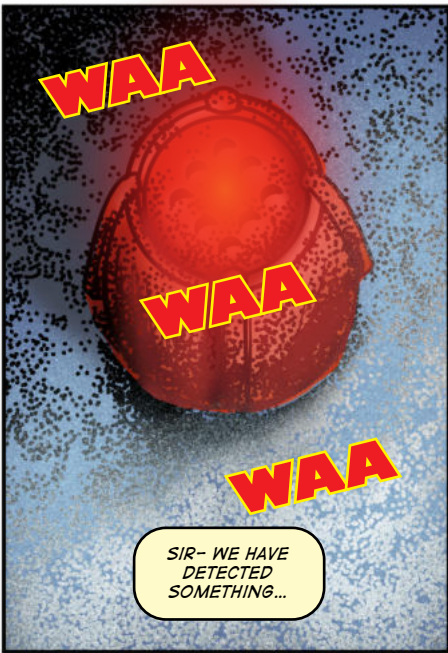
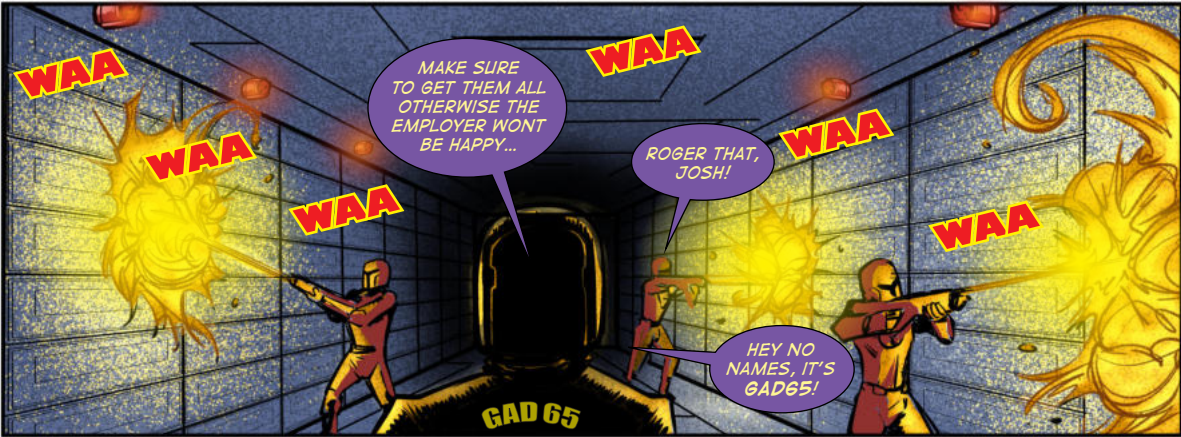
BANK OF
PANC

THIS IS
THE TARGET,
CREW!

LET'S DO
THIS!

ZN8





LOCAL POLICE HQ

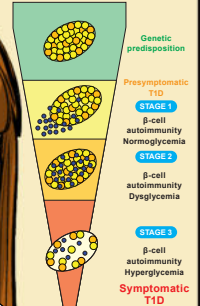
WE'VE HAD
REPORTS OF
SEVERAL BANK OF
PANC BREAK-INS!

YOU MEAN
ROBBERIES?

DR PARTH, YOU
MAY RECALL THAT
AIKO'S EARLY TEST
RESULTS WERE
SIGNIFICANT.



Islet
antigen-specific
T-cell



SHE TESTED
STRONGLY POSITIVE
FOR 3 ANTIBODIES
2 YEARS AGO.

NO, YOU
HEARD ME RIGHT!
BREAK-INS NOT
ROBBERIES!

YOU SURE?

POSITIVE!

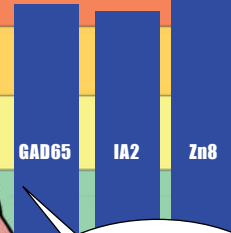
WHY WOULD
THIS CREW BREAK
IN AND NOT STEAL
ANYTHING?

ALL WE KNOW
IS, IN EVERY CASE, THE
ISLET BOXES HAVE BEEN
SPECIFICALLY TARGETED
AND DESTROYED.

INDEED,
DR LAUREN, AND
NOW AIKO HAS
DEVELOPED
SYMPTOMS...

...HER
TYPE 1 HAS
CLINICALLY
AWAKENED!

IT'S A REAL
SHAME THAT NEW
DRUG CAME TOO
LATE FOR HER



AIKO'S PREVIOUS
ANTIBODY RESULTS
SUGGESTED THAT SHE WAS
AT AN INCREASED RISK OF
HAVING HER INSULIN
PRODUCING ISLETS
DESTROYED.

I'VE GOT
SGT. NILESH AND
HIS TEAM LOOKING
AT WHAT'S IN THOSE
ISLETS THAT'S WORTH
DESTROYING...

BE ASSURED
THE TESTS WERE
DONE FOR AIKO'S
BENEFIT!

WE WOULD
RECOMMEND
STARTING INSULIN
NOW.

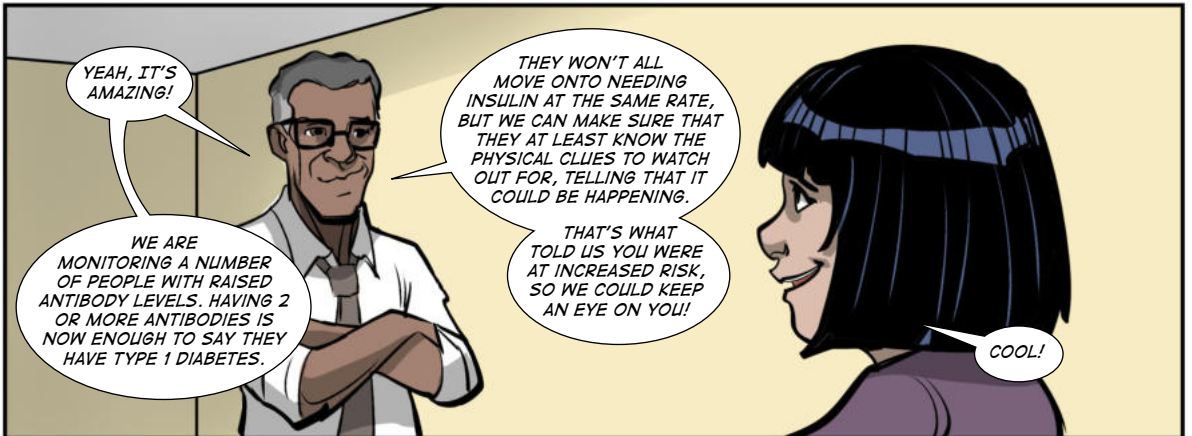
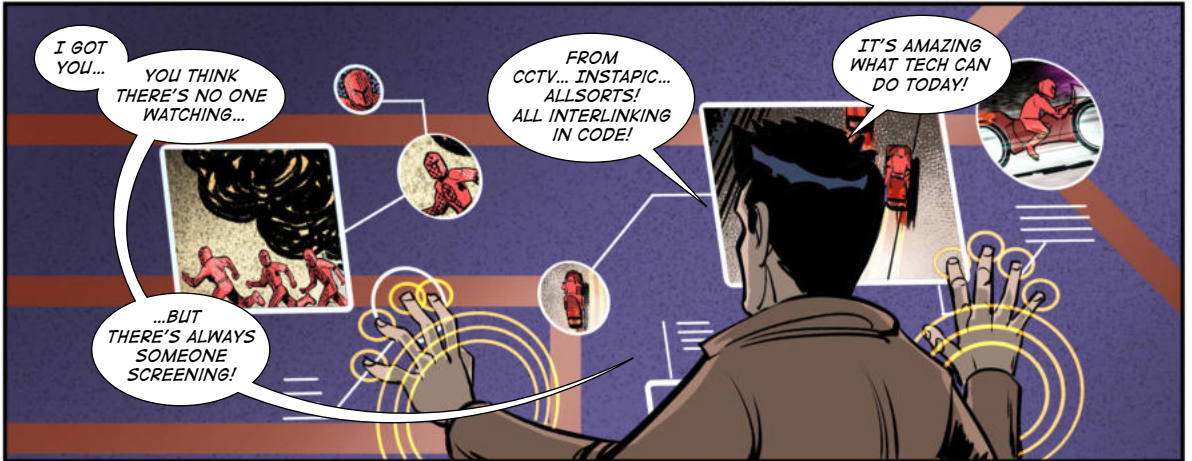
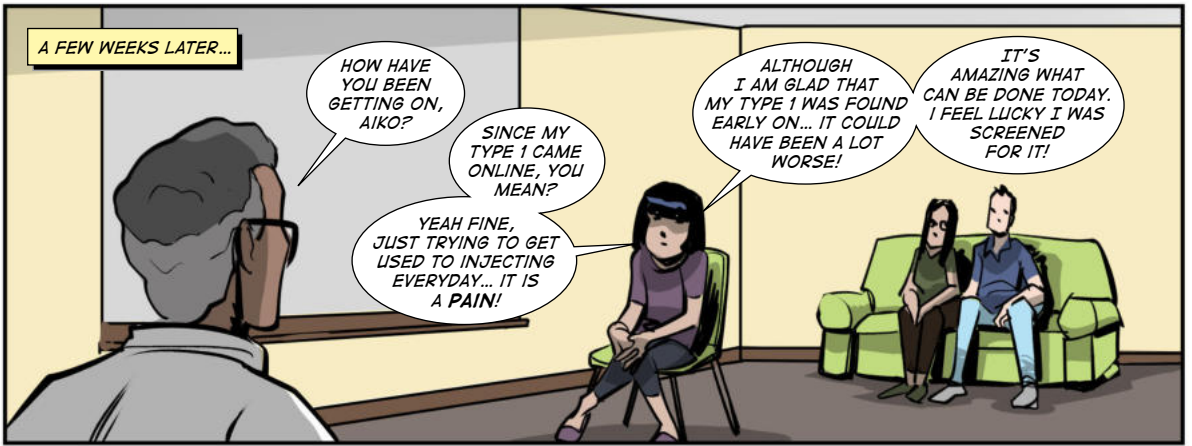
D'THINK THEY
CAN BRING US
SOME SIGNIFICANT
RESULTS?

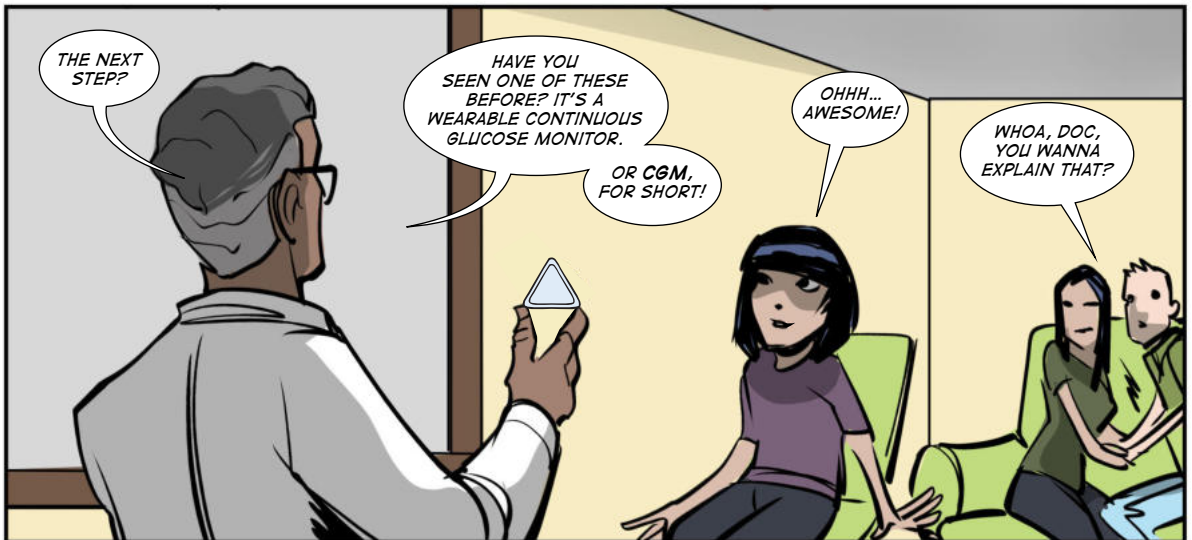
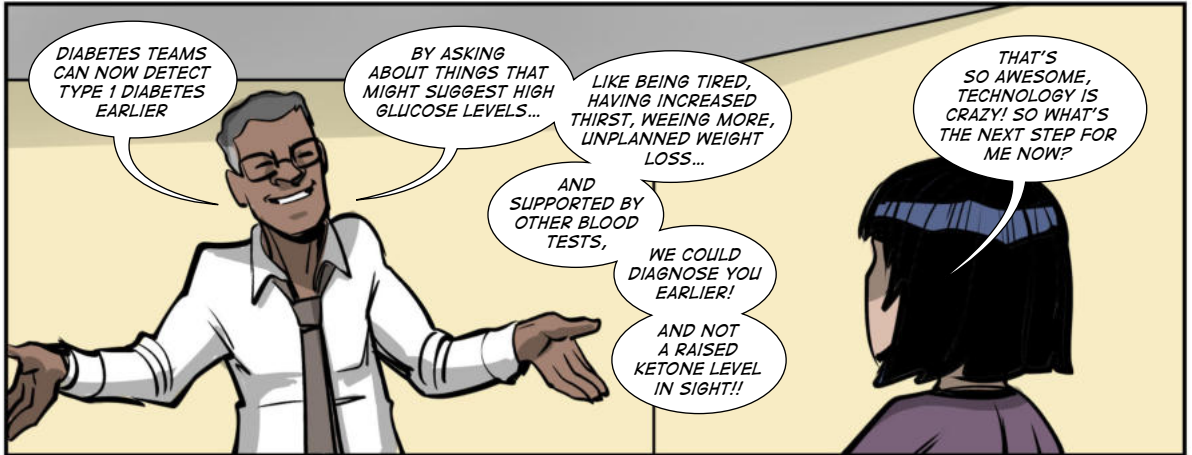
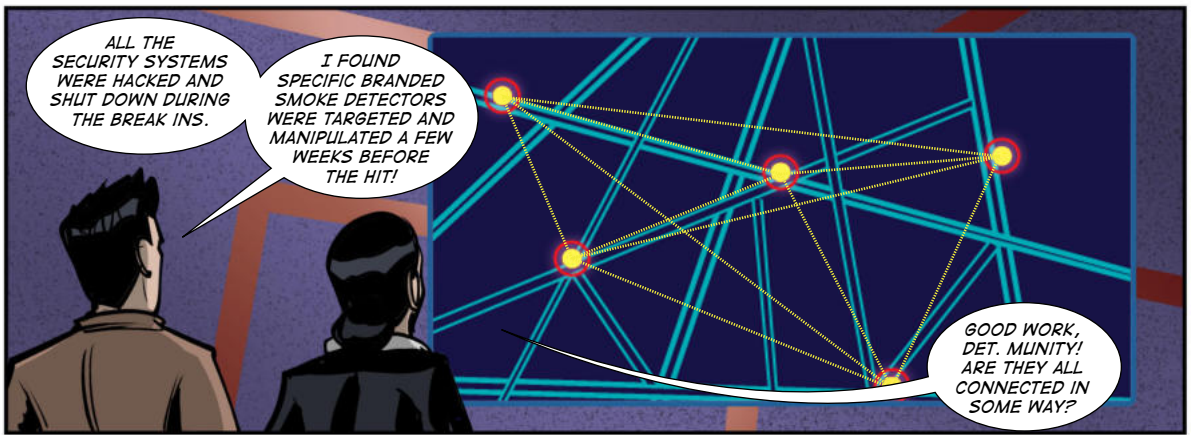
OH, WE WERE
EXPECTING THAT,
JUST LIKE YOUR
TEAM EXPLAINED!

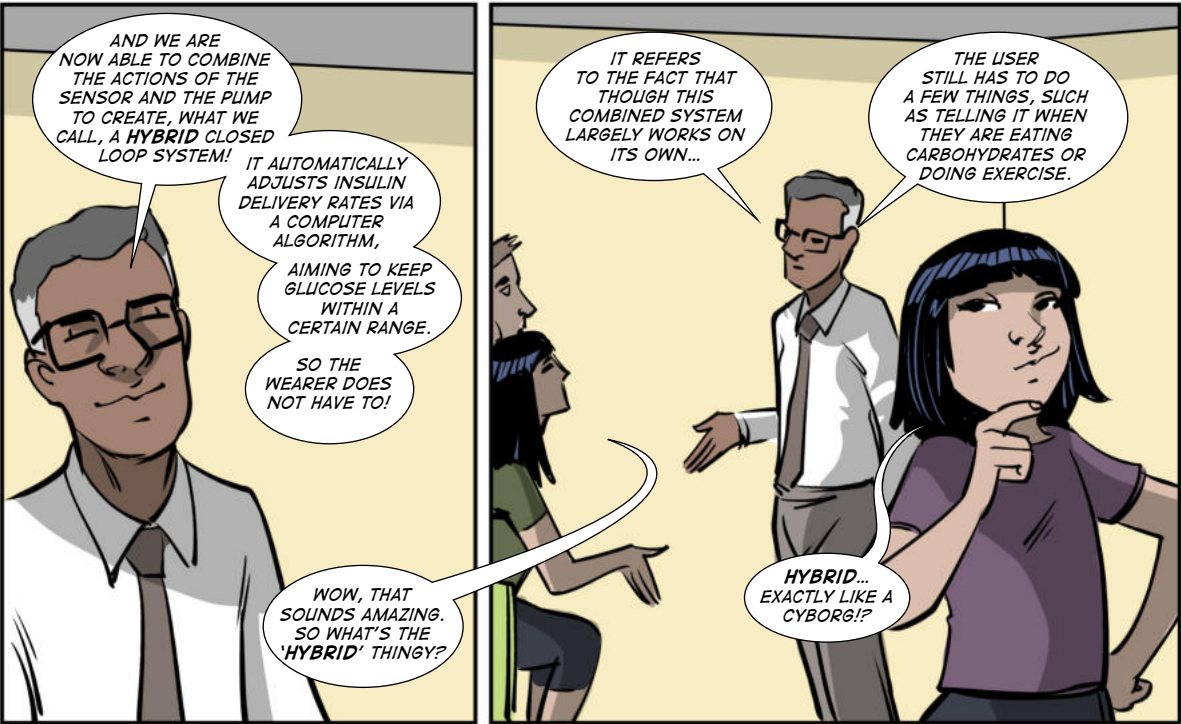
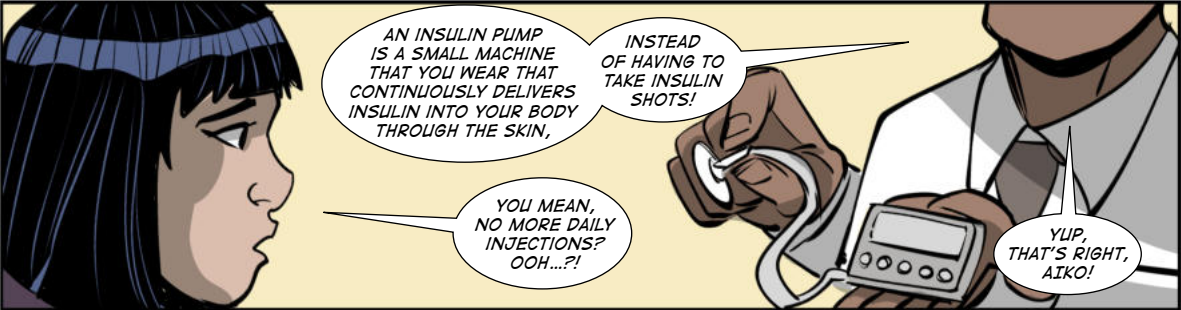
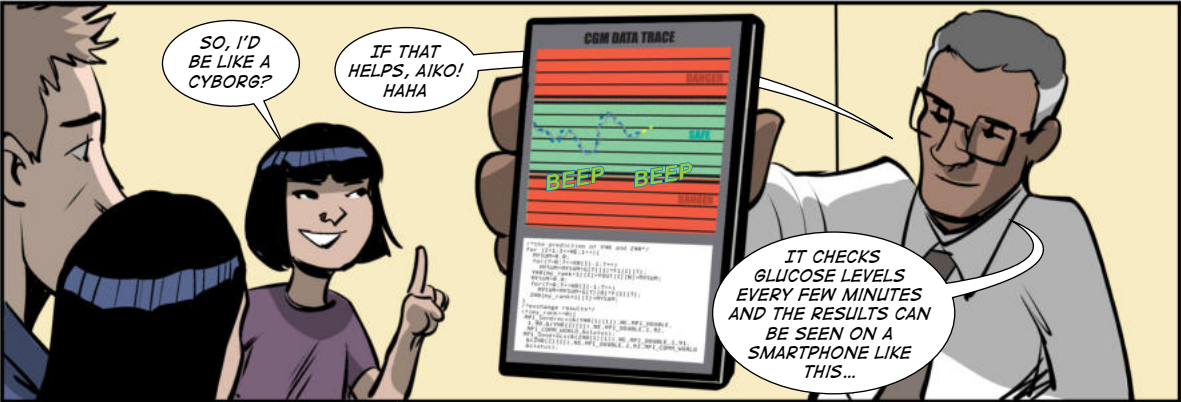
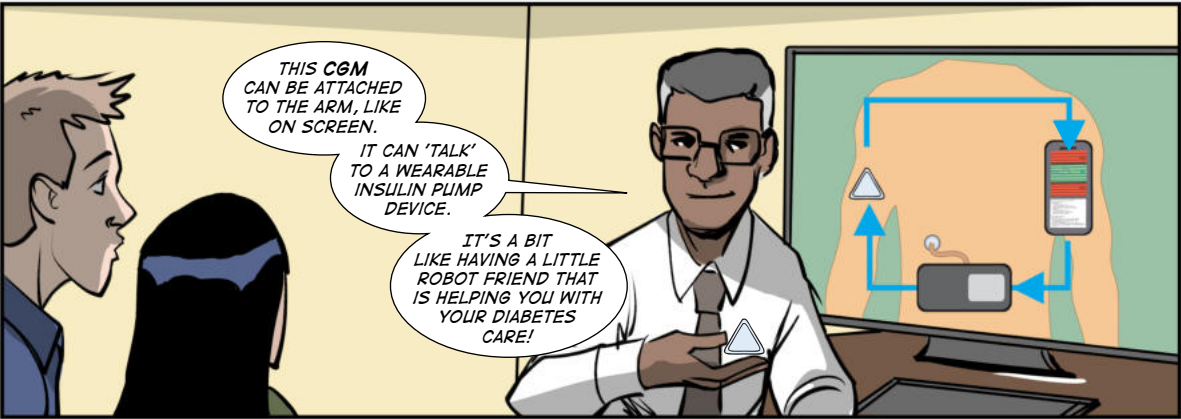


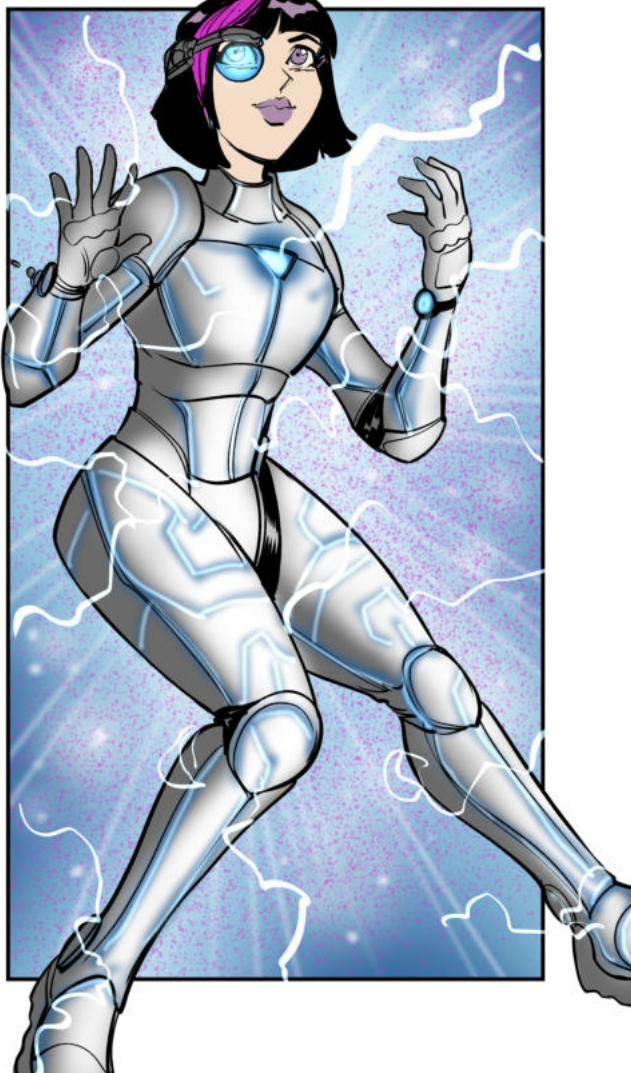
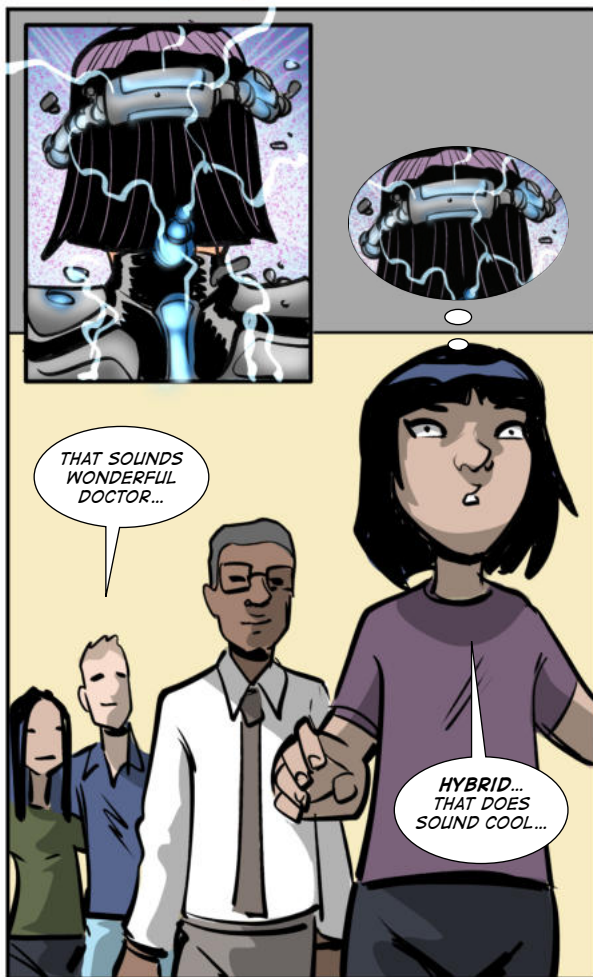
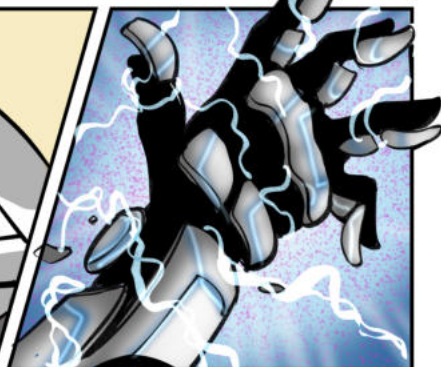
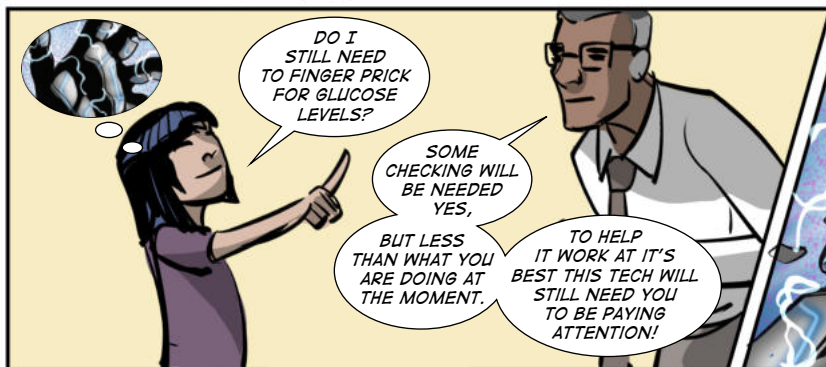
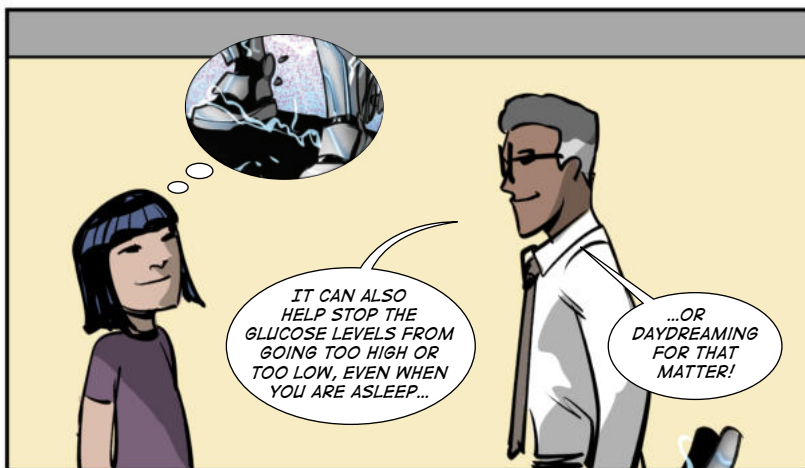
Click to know more about Keetz in Vol 2!



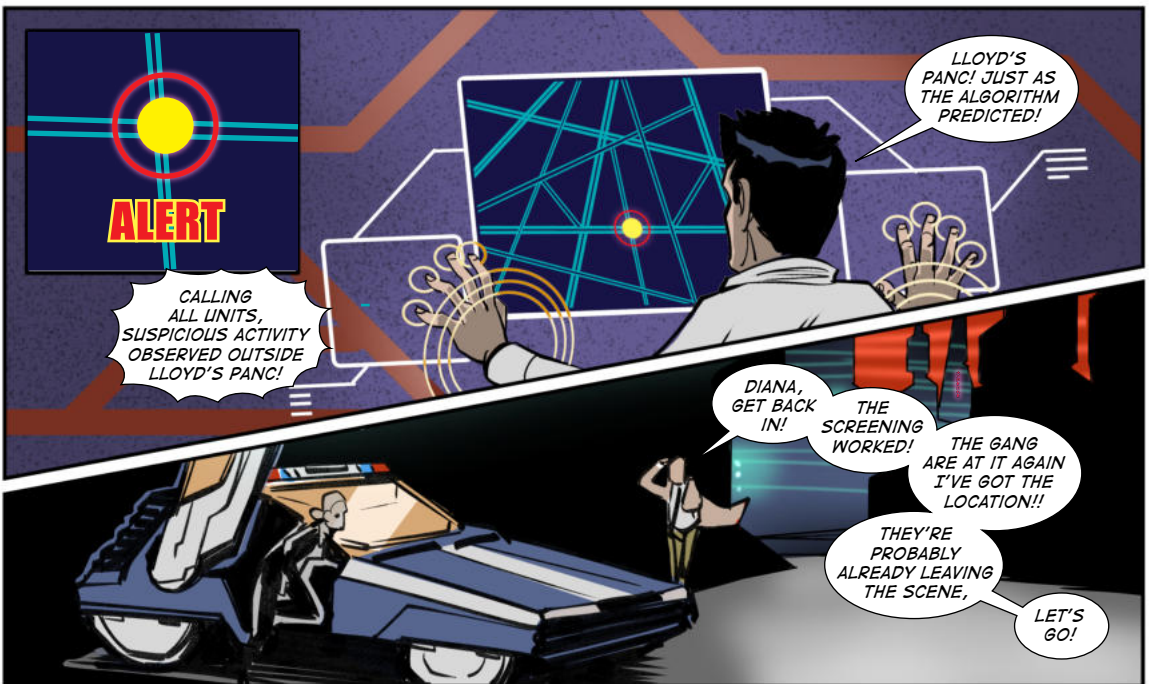
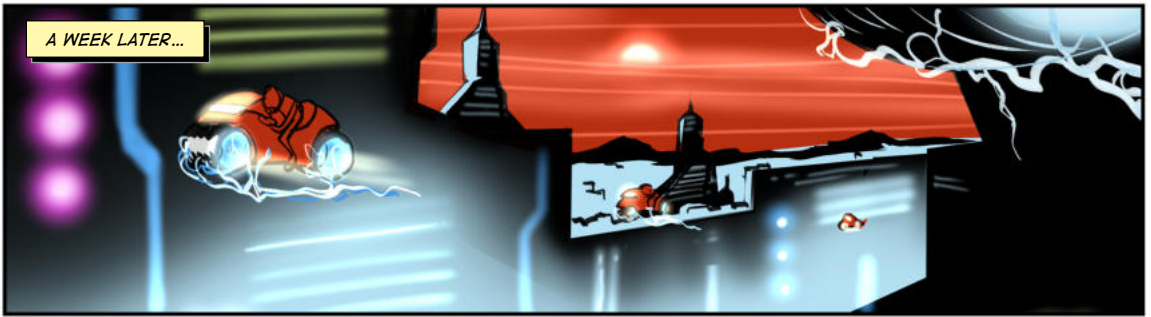


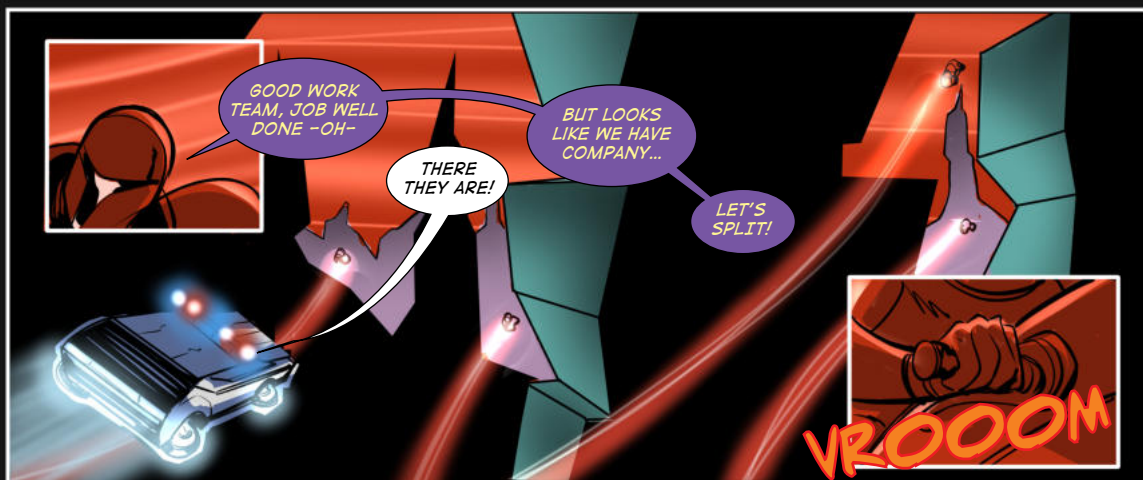


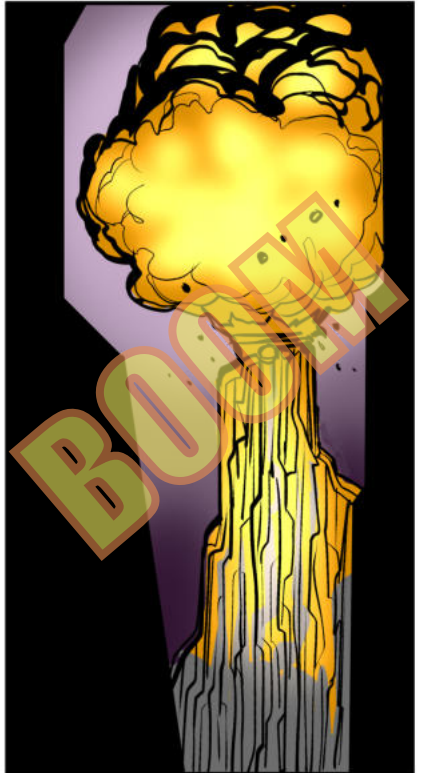
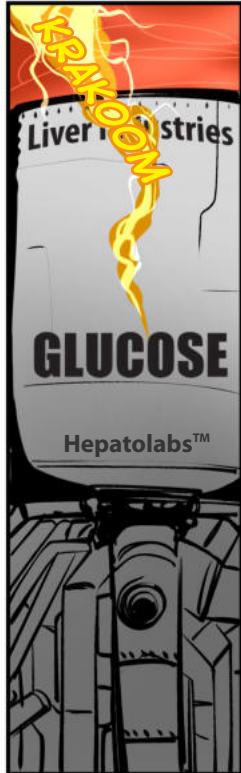
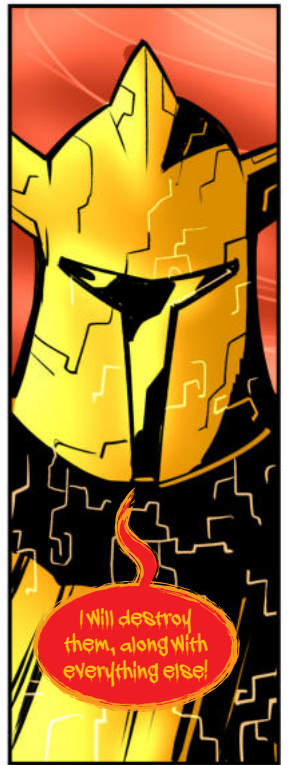


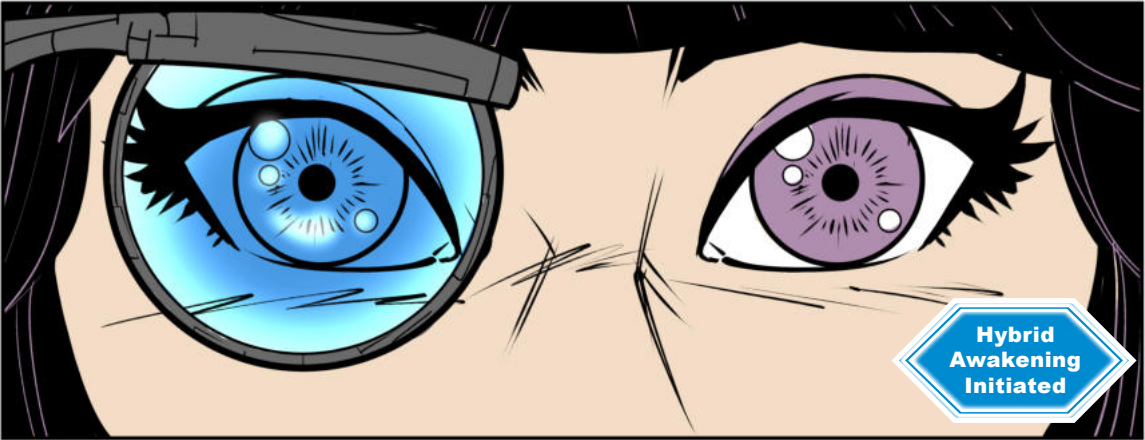
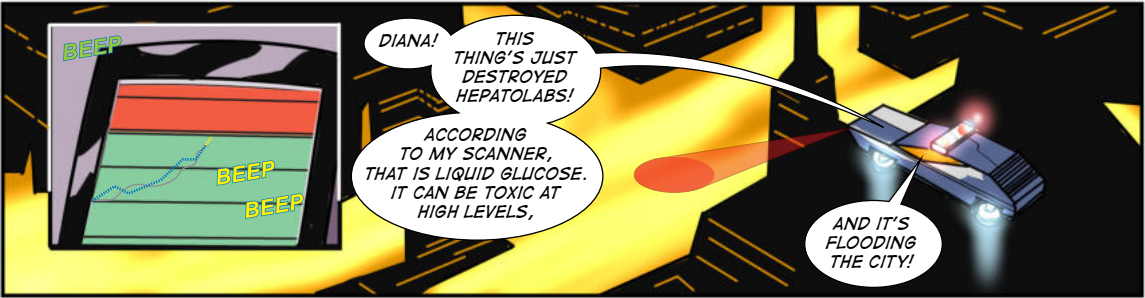
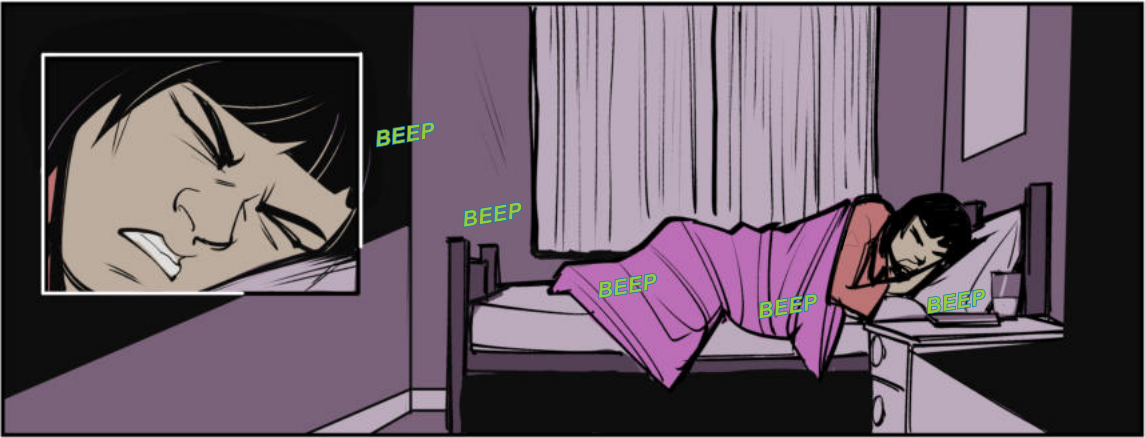


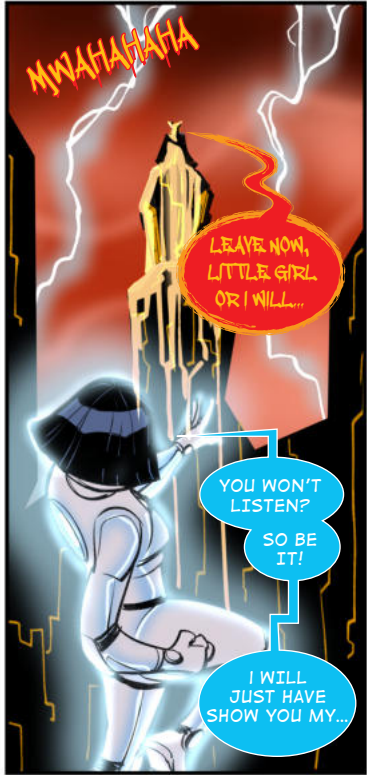
A WEEK LATER...

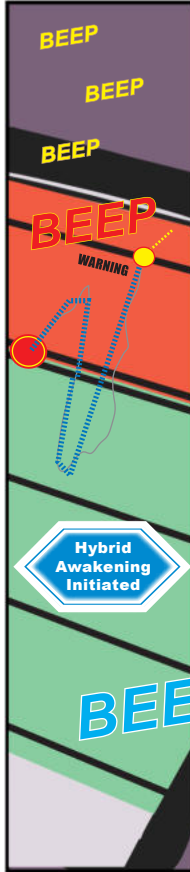
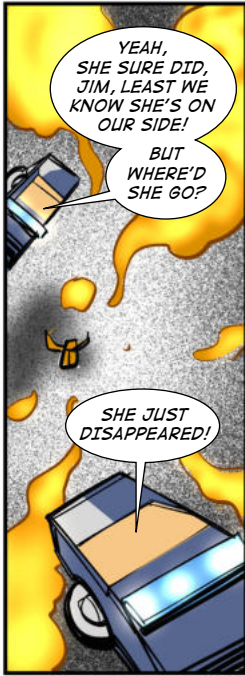


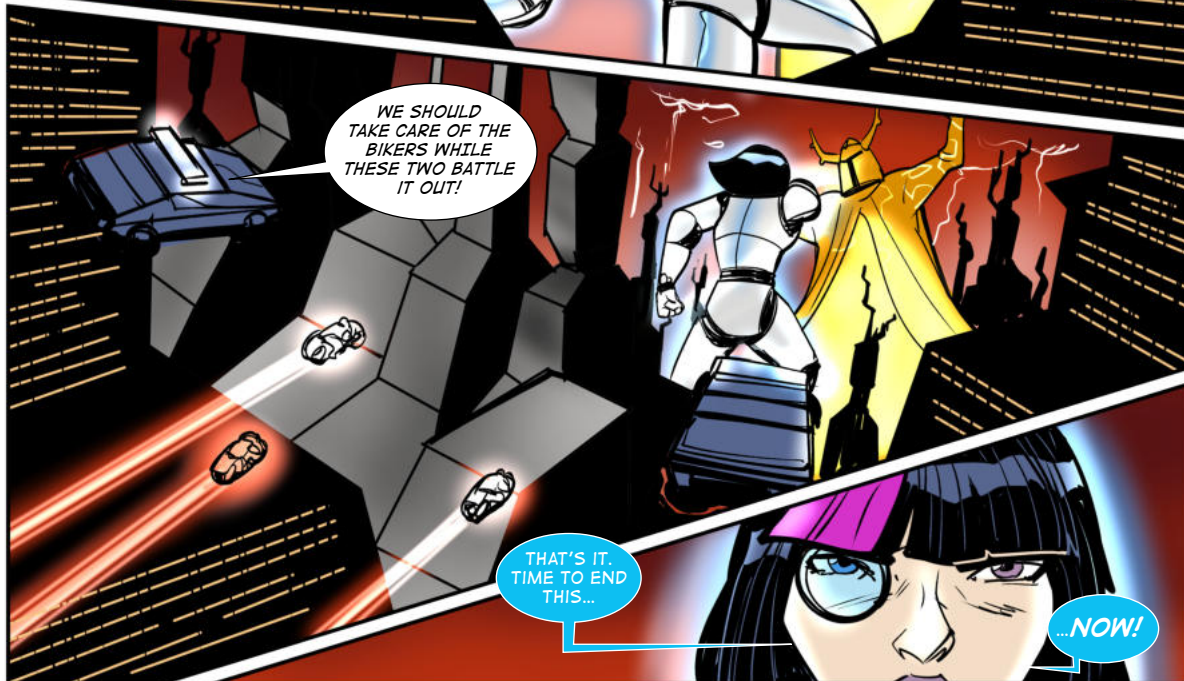
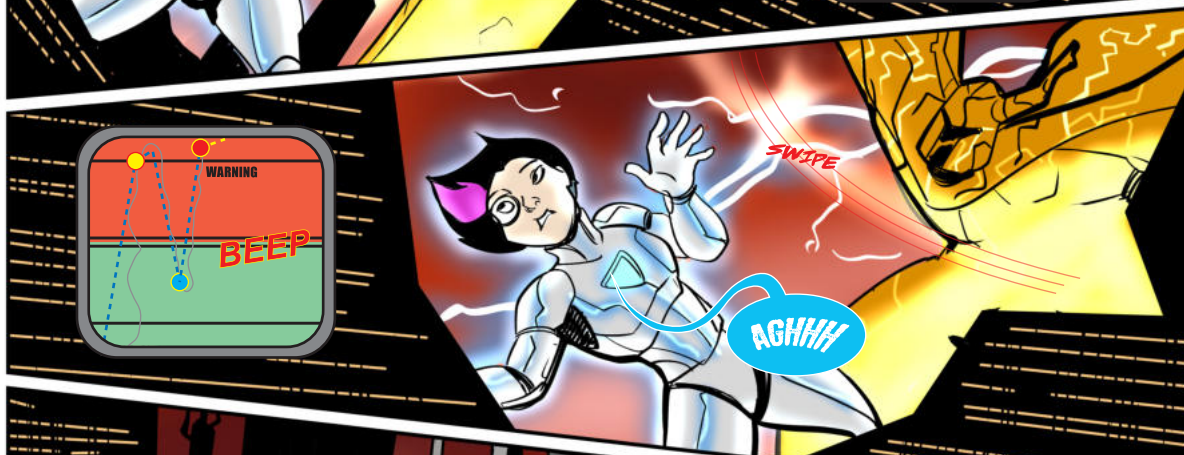
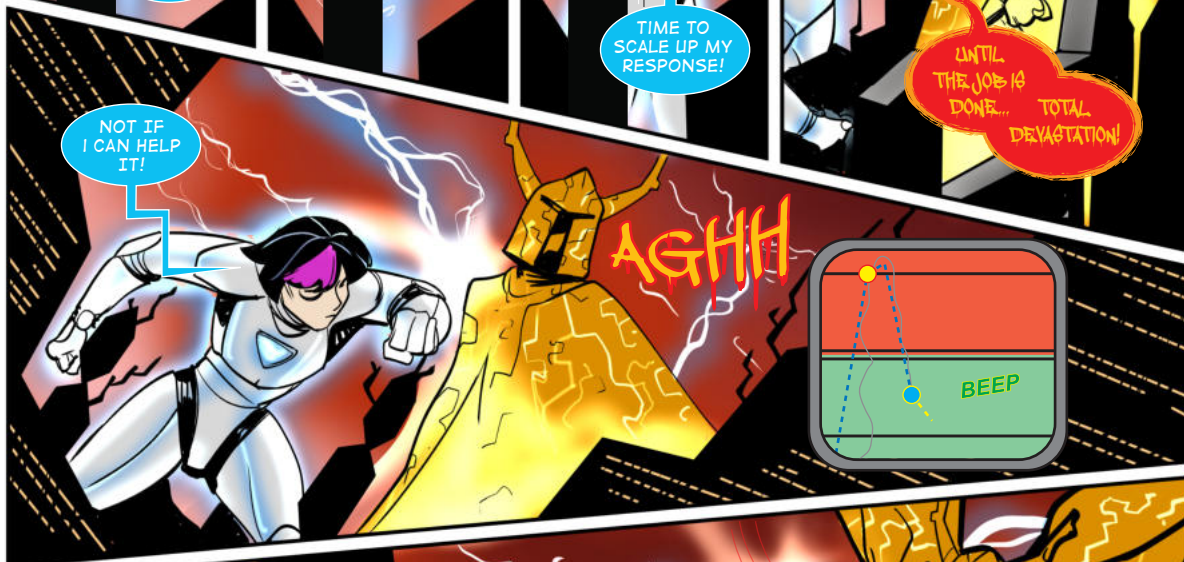
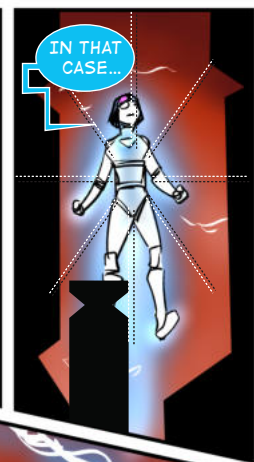


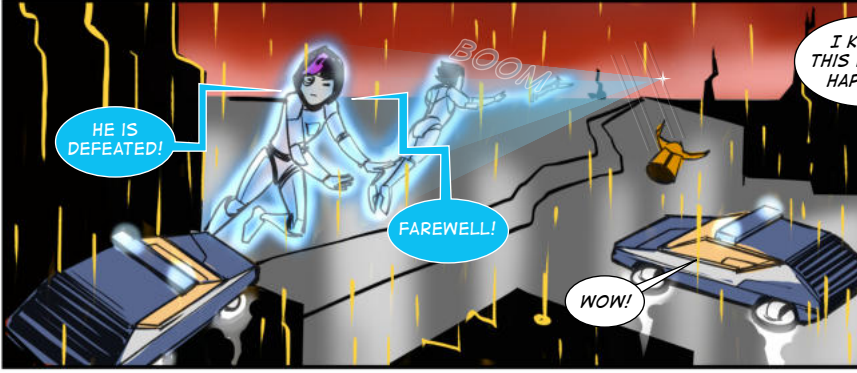
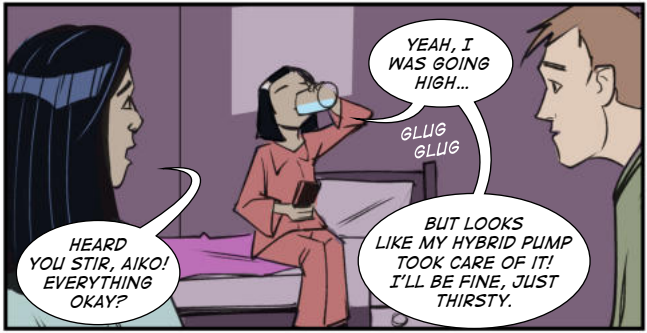
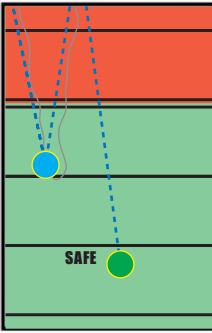
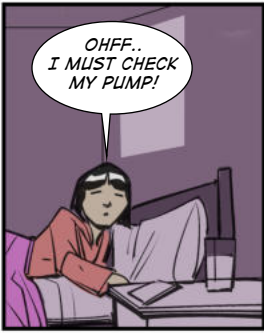


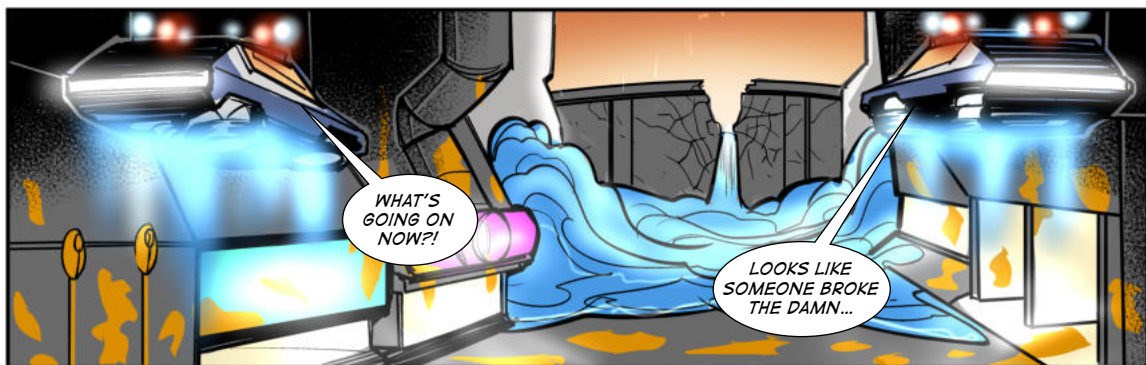












WHAT'S GOING ON NOW?!

LOOKS LIKE SOMEONE BROKE THE DAMN...



LOOK OUT INCOMING WAVES!!

GET OUTTA HERE!



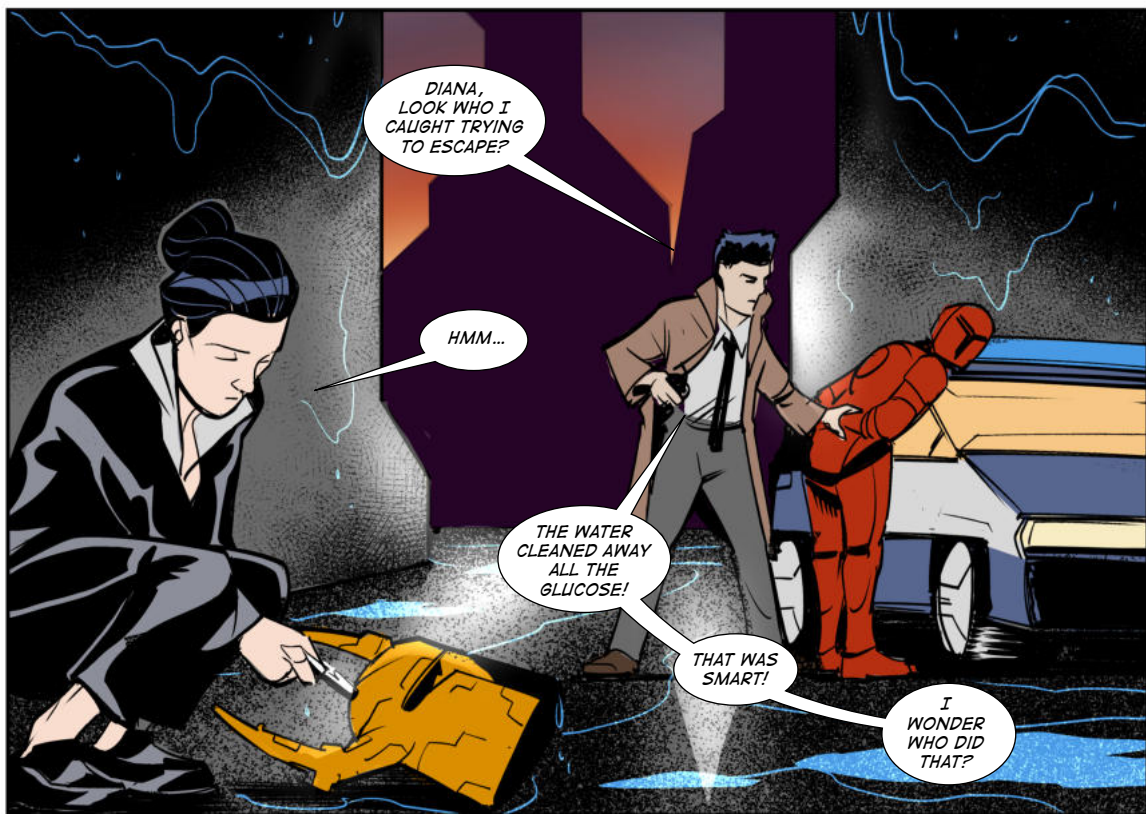
LOOK IT'S WASHING THROUGH THE CITY...



CLEARING THE GLUCOSE FROM THE STREETS...



...INTO THE SEWERS!



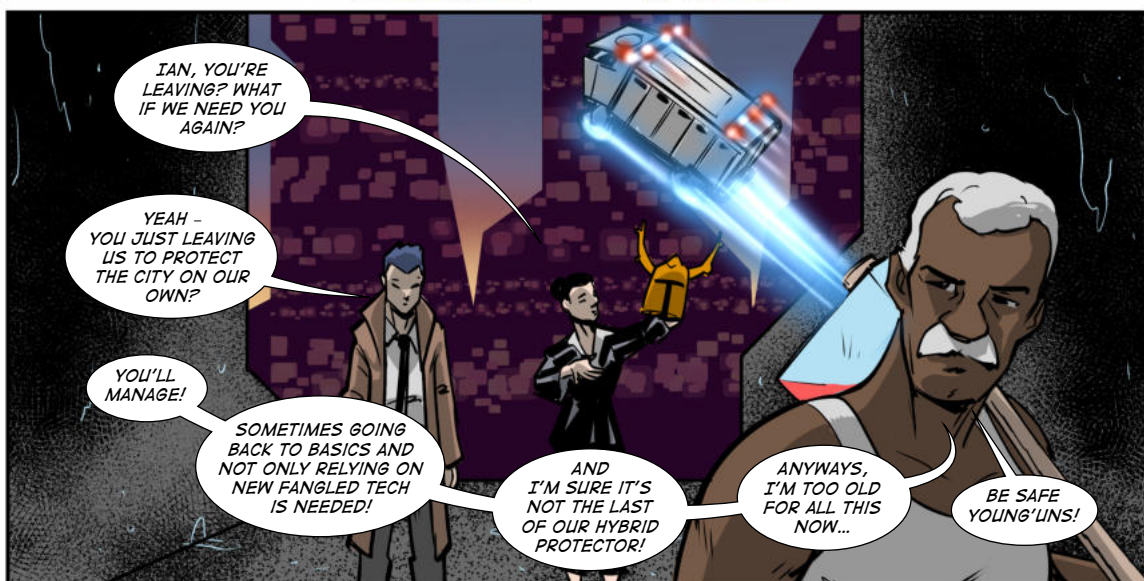
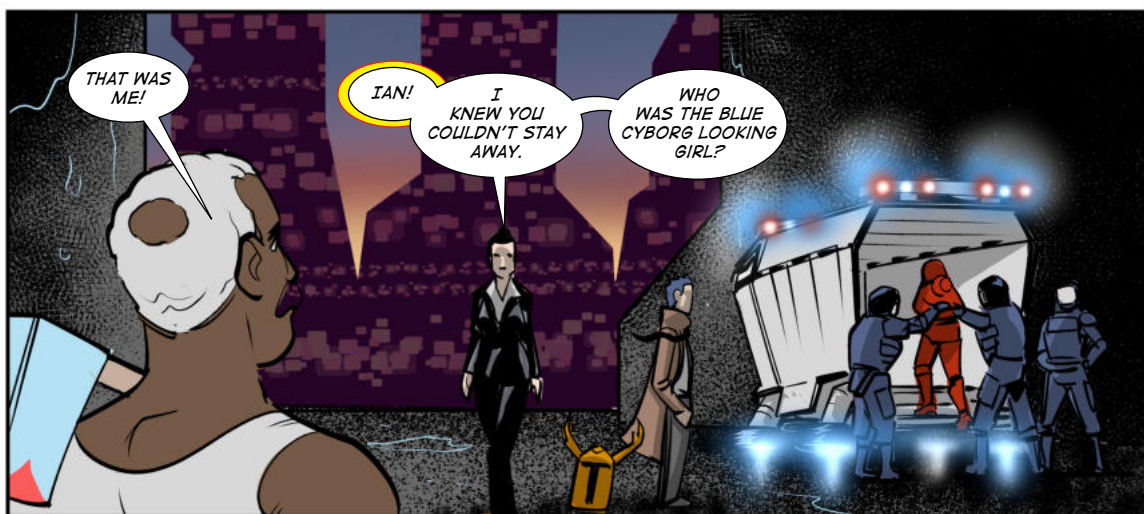
DIANA, LOOK WHO I CAUGHT TRYING TO ESCAPE?

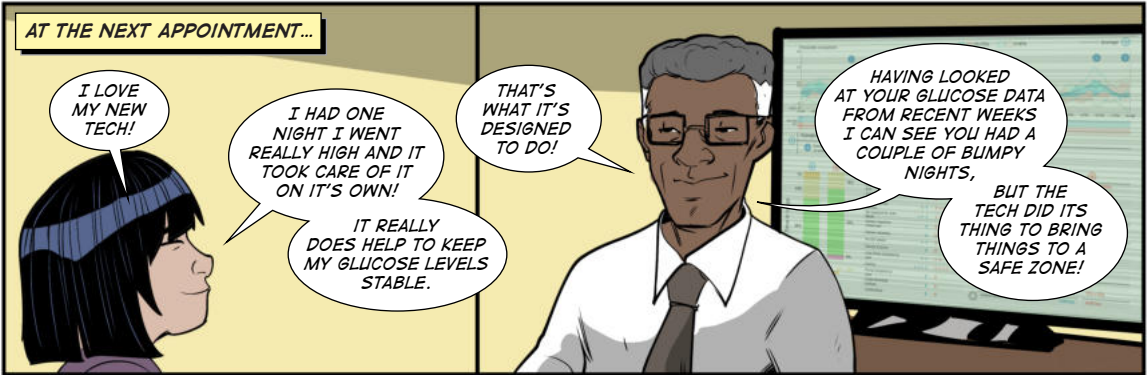
HMM...

THE WATER CLEANED AWAY ALL THE GLUCOSE!

THAT WAS SMART!

I WONDER WHO DID THAT?





SCREENING FOR TYPE 1 DIABETES

As Aiko's story has shown, we now live in an age where it is possible to predict if someone has very early type 1 diabetes, based on the presence of certain antibodies (the 'molecules' produced by the immune system that destroy the insulin producing islet cells in the pancreas) in their blood.

Who should consider being screened/having antibody testing for type 1 diabetes?

- Those with a relative with type 1 diabetes
- Those with other autoimmune diseases such as thyroid disease or coeliac disease
- Those for whom a diagnosis of type 2 diabetes does not seem to fit

The role of disease modifying therapy

The current role of therapy that could delay the onset of type 1 diabetes, especially at the early stages of the disease, is emerging but not part of routine clinical practice yet – watch this space!

For further information, look online here...

Diabetes UK (search 'immunotherapy')
elsadiabetes.nhs.uk
type1diabetesresearch.org.uk

www.breakthrough1d.org
t1dra.bristol.ac.uk

A FEW WORDS ON WEARABLE DIABETES TECHNOLOGY...

Continuous Glucose Monitors (CGMs), examples include FreeStyle Libre and Dexcom

Mode of action by measuring interstitial ('skin fluid') glucose in real time, every few minutes, results are generated than can be graphically presented as glucose trends on a phone or reader device for the wearer and shared with family, friends or healthcare professionals.

Benefits:

- The data can be used to help inform the impact of everyday factors such as dietary choices, physical activity and illness on glucose levels. This in turn can support adjustments made to insulin delivery times, rates or doses.
- Visible glucose level trending arrows and built in alarms can inform the wearer of impending high or low readings, enabling corrective actions to be taken early.

Note: Any abnormal readings obtained than do not match how the wearer might be feeling at the time, e.g. very high or low glucose results, should be confirmed with a fingerprick blood glucose check, to exclude the possibility of CGM malfunction.

Insulin Pumps

2 Types:

- Older '**traditional**' pumps: Insulin is infused continuously (via a cannula or through direct pump attachment to the body) at rates programmed by the user in response to glucose data, with mealtime insulin boluses delivered as required
- Newer **Hybrid Closed-Loop pumps**: Automated insulin delivery based on wireless 'crosstalk' between CGM and the pump (e.g., Tandem T-slim X2, Omnipod 5, Medtronic 780G, Ypsopump, Dana-i), with the user still required to deliver mealtime insulin boluses

For more information, Click here to see decision support tool >>

<https://www.england.nhs.uk/wp-content/uploads/2024/01/PRN00250-decision-support-tool-making-a-decision-about-managing-type-1-diabetes-v2.pdf>

Wearable diabetes technology guidance notes for hospital-based healthcare professionals

- Always check your admitted patients for wearable diabetes technology and exclude infection at insertion points.
- Follow local guidance on how to support wearable technology use.

Click here for Joint British Diabetes Societies Technology guidance >>

https://abcd.care/sites/default/files/resources/JBDS_20_Using_Technology_to_Support_Diabetes_Care_in_Hospital_1.pdf

- Recognise that CGM glucose data may lag behind blood glucose levels, especially with dehydration.
- Recognise the need to administer insulin via alternative routes (e.g. intravenously or subcutaneously), in the event of pump malfunction or if the patient is unable to manage the pump themselves, to reduce the risk of Diabetic ketoacidosis.

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