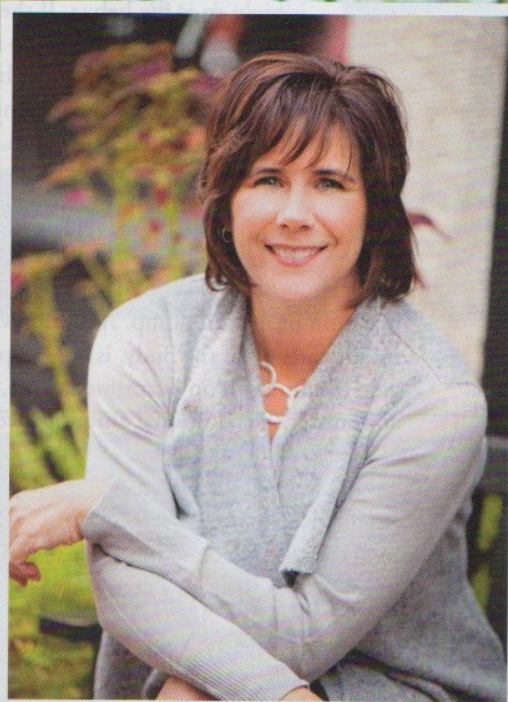


EMPOWERMENT, EDUCATION AND ADVOCACY IS KEY
TO LIVING WITH
TYPE 1 DIABETES

Type 1 diabetes is a life-threatening condition, and it can be especially dangerous to women. The silver lining? Women who understand the disease, commit to treatment and advocate for themselves can still lead a happy, productive life.

BY LAURIE ZINN



What is Type 1 Diabetes?

Type 1 diabetes, also referred to as juvenile or insulin dependent diabetes, is caused when the body's own immune system mistakenly destroys the insulin producing cells—called islet cells—in the pancreas. It's labeled "type 1" to differentiate it from "type 2," which is a completely different disease. Unlike type 2, type 1 diabetes is chronic, lifelong and must be treated in order to survive.

Annette Ticoras is a medical doctor, board certified patient advocate and owner of Guided Patient Services. She helps patients and families un-

derstand and navigate their treatment options when they are faced with a serious healthcare crisis.

Dr. Ticoras explains that when your gastrointestinal system is working as it should, islet cells in the pancreas produce insulin each time you eat. The insulin breaks down sugars and carbohydrates from your food, which is then absorbed into the bloodstream and distributed to your tissues, muscles and organs for energy. Any sugars that you don't immediately need are stored in the liver.

"The system is phenomenal at doing this," Dr. Ticoras says. "The islet

cells know just how much insulin to secrete, for just how much you ate, at just the right time. It's a beautifully perfect system that your body is able to do to always keep your blood sugar low."

In type 1 diabetes, the body destroys the insulin-producing islet cells. All the sugar and carbohydrates from the food you eat remains in the bloodstream causing dangerously high blood sugar levels, and leaving muscles and other essential tissues without the fuel they need.

The symptoms of high blood sugar can include increased thirst, frequent

urination, bed wetting in potty-trained children, extreme hunger, significant and unintentional weight loss, irritability, mood swings, fatigue, low energy, blurred vision, nausea and vomiting.

The symptoms can come on quickly and lead to a more life-threatening condition known as diabetic ketoacidosis. Over time, especially poorly managed Type I diabetes can lead to kidney damage (nephropathy), nerve damage (neuropathy), heart and blood vessel disease, eye and foot damage, and skin and mouth complications.

“It’s very serious. You can’t live with untreated type 1 diabetes for very long without having noticeable symptoms,” Dr. Ticoras says. “It often requires hospitalization to safely manage the high blood sugars and other critical medical issues.”

Because the symptoms of type 1 diabetes often are overlooked or misattributed to something else, it sometimes takes a serious situation for a patient to be diagnosed.

The cause of type 1 diabetes is unknown. It’s possible some people have a genetic predisposition, which is unlocked by something in the environment, a virus, or an unknown source. It can present itself at any age, but it peaks between the ages of 4-7 and 10-14.

Dr. Ticoras says people with type 1 diabetes often have other autoimmune diseases such as celiac or autoimmune thyroid disease.

How does it affect women?

One in four women of childbearing age with type 1 diabetes will develop polycystic ovary syndrome (PCOS), a hormonal disorder causing infrequent or prolonged menstrual periods or excess androgen levels. Some women may experience fertility issues because they don’t ovulate as often. Of those who have PCOS, one-third will demonstrate some traits of it.

“Many times this goes undetected because doctors aren’t aware that women with type 1 diabetes are more prone to having this,” Dr. Ticoras says, but women can ask to be screened for the condition.

Women with type 1 diabetes may develop diabetic mastopathy, a complication characterized by rope-like masses and tenderness in the breast. While benign,

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it’s important for women to know they have it to avoid cancer scares and repeated surgical biopsies.

Some women with diabetes may experience increased vaginal yeast infections, decreased sex drive, decreased vaginal lubrication and premature menopause.

If diabetes is not controlled, pregnant women have an increased risk of miscar-

riage, stillbirth, birth defects, increased birth weight and increased c-sections. They are at higher risk for pregnancy-induced hypertension and preeclampsia.

This can lead to a stressful pregnancy. “Women need to be so attentive to the medical aspect of the pregnancy that they don’t have the opportunity to get ready for motherhood,” Dr. Ticoras says. “Whatever they do for themselves—eating, exercising, controlling blood sugar—they are doing for the baby. If the mom’s blood sugar is high, so is the baby’s. If the mom’s blood sugar is low, so is the baby’s.” Unfortunately, this can lead to unexpected feelings of guilt, anxiety and depression.

Treatment for Type 1 Diabetes

Insulin is the only treatment option and it can be administered via injection or insulin pump. A pump, worn on the outside of the body, is able to provide insulin both on a continual basis, and administer the additional amounts needed at meal and snack time.

An artificial pancreas, approved in 2016 by the FDA, is a closed-loop insulin delivery system. It links a continuous blood



glucose monitor with an insulin pump, automatically monitoring and adjusting the amount of insulin needed to keep blood sugars in a safe, healthy range.

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Dr. Ticoras says other treatment options include islet cell and stem cell transplants, but both are still in the experimental and test phases.

Regardless of how the insulin is received, people with type 1 diabetes need to count their carbohydrates, exercise regularly, maintain a healthy weight and have a healthy diet.

Living with Type 1 Diabetes

Dr. Ticoras says you can live well with type 1 diabetes when you personally understand the disease and take charge of your disease management.

“This is a serious condition, and it’s one that you will have lifelong. You have to find a way of making your life work with it,” she says. “If you can find a way to rise above it, accept it and move forward, it really can be as little of an influence on your life as you want it to be.”

If you are ever hospitalized, work together with your health care team and suggest that you monitor and manage your own blood sugar levels during your admission. Be mindful of other diseases that you may be prone to, and tell your doctor if there is something you’d like to look into. No one knows your body better than you.

“It’s essential to learn to advocate for yourself—in your relationships, with your doctor and in the workplace,” she says.

Surround yourself with supportive family, friends and co-workers who would recognize if you are displaying symptoms of high or low blood sugars.

“Don’t hide the disease. I don’t think that’s wise,” Dr. Ticoras says. “You need to get



comfortable with it and help other people get comfortable with it, too.” Most people with diabetes don’t want to be treated differently, they just want to be acknowledged and respected for their additional health challenges.

Finally, she says it’s important to take care of your whole self—physically, mentally and emotionally—and know diabetes is only one aspect of your life.

“You are not a diabetic,” she says. “You are woman with a chronic disease. That’s very, very different. Your disease does not define you.”

