

Part I

Dealing with the Diagnosis of Diabetes

The 5th Wave By Rich Tennant



"No, diabetes is not fatal, it's not contagious, and it doesn't mean you'll always get half my desserts."

In this part . . .

You have found out that you or a loved one has diabetes. What do you do now? This part looks at the cause of your diabetes and how it can make you feel — both mentally and physically.

Chapter 1

Membership in a Club You Didn't Ask to Join

In This Chapter

- ▶ Understanding what diabetes is
 - ▶ Defining diabetes
 - ▶ Meeting others with diabetes
 - ▶ Coping with diabetes
 - ▶ Finding help
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As a person with diabetes, you already know that diabetes isn't "just a glucose problem." In fact, the moment you were told you had diabetes, many different thoughts may have run through your mind. You have feelings, and you have your own personal story. You are not the same person as your next-door neighbour or your sister or your friend, and your diabetes and the way that you respond to its challenges are unique to you.

And unless you live alone on a desert island, your diabetes doesn't affect just you. Your family, friends, and co-workers are influenced by your diabetes and by their desire to help you.

This chapter shows you some coping skills to help you deal with your diabetes and the way it affects your important relationships.

What Is Diabetes?

Since we are going to be spending so much time discussing diabetes, let's start by defining the condition. That should be a simple enough task — except that many dictionaries (including, sorry to say, Canadian ones) define it incorrectly. The simplest, *correct* definition is that diabetes is a disease in which there is too much glucose in the blood due to insufficient or ineffective insulin. Although that is technically correct, it misses out on so, so much,

because diabetes is not just a problem of glucose; it is a *whole body* problem. To make this point, Ian has had a burst of creativity and has gone ahead and made up his own definition of diabetes: “a disease in which there are high blood glucose levels *and* an increased risk of damage to the body, much of which is preventable.”

“Diabetes” is actually the short form for *diabetes mellitus*. The Romans had noticed that the urine of certain people was *mellitus*, the Latin word for *sweet*. The Greeks noticed that when people with sweet urine drank, fluids came out in the urine almost as fast as they went in the mouth, like a siphon. They called this by the Greek word for *siphon* — diabetes. Hence, diabetes mellitus, but we think this is much better captured by the 17th-century definition of diabetes: “the pissing evil.” Talk about calling it the way you see it!

You Are Not Alone

Ian remembers encountering a huge lineup in front of one particular exhibit while attending a diabetes conference a few years back. There were so many people in line, in fact, that he figured there must have been some amazing new breakthrough product being demonstrated. Well, as it turns out, the big attraction was actually Nicole Johnson, the 1999 Miss America. She was there to talk about how she managed her diabetes.

Perhaps you have seen a movie starring the Academy-award winning actress Halle Berry. It's not likely that you noticed her diabetes affecting her acting, or her beauty for that matter. Similarly, you likely did not notice diabetes preventing the great success of athletes like Bobbie Clarke, Jackie Robinson or golf star Scott Verplank, authors like Ernest Hemingway or H. G. Wells, musicians like B. B. King and Jerry Garcia (of the Grateful Dead — which came long before Cherry Garcia ice cream!) or inventors like Thomas Edison, to name but a few famous people with diabetes.

John Dennis is a Canadian who likes to sail. That he also has diabetes does not make him unique in the sailing community. Oh; did we happen to mention where he sails? That would be circumnavigating the globe. Alone!

You may not have spoken to Stephen Steele, but it is quite possible he has spoken to you. Stephen is a commercial pilot with a major Canadian airline. (You'll get to know Stephen better in Chapter 18.) And in the event that you have the bad luck to be in dire straits on some sinking vessel off the Atlantic coast, it is quite possible that the hero plucking you from the ocean will be none other than Major Chuck Grenkow, a Medal of Bravery-winning Canadian Forces pilot and aircraft commander performing search and rescue operations with the Canadian military. Oh, by the way, they both have insulin-treated diabetes.

Diabetes is a common disease, so it's bound to occur in some very uncommon people. Have a look at the Famous Diabetics Web site (www.angelarose.com/FamousDiabetics/index.html). But one does not have to be famous to be considered exceptional. Indeed, every day of the week we see special people, people who have diabetes yet look after families, work in automotive plants or office buildings, write exams, go to movies, and do their best to live life to the fullest. People just like you.

The point is, diabetes should not define your life. You are the same person the day after you found out you had diabetes as you were the day before. It just happens that you have been given an additional issue to deal with. Diabetes should not stop you from doing what you want to do with your life. Certainly, it does complicate things in some ways, but if you follow the rules of good diabetes care that are discussed in this book, you may actually be *healthier* than people without diabetes who smoke, overeat, under-exercise, or engage in other, unhealthy activities.

Handling the News

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 likely quite a shock. Suddenly you had a condition from which people get sick and can die. The following sections describe the normal stages of reacting to a diagnosis of a major medical condition such as diabetes.

The stage of denial

You may have begun by denying that you had diabetes, despite all the evidence to the contrary. Your doctor may have inadvertently helped you to deny by saying that you had “just a bit of sugar” or “borderline diabetes,” which is an impossibility equivalent to having “a touch of pregnancy.” You probably looked for any evidence that the whole thing was a mistake, and you may not have followed the advice you were given. But ultimately, you had to accept the diagnosis and begin to gather the information needed to start to help yourself.

Hopefully, you not only came to accept the diabetes diagnosis yourself, but also shared the news with your family and other people close to you. Having diabetes isn't something to be ashamed of, and it isn't something that you should have to hide from anyone.

Your diabetes isn't your fault. You didn't want to have diabetes. You didn't try to get diabetes. And no one can catch it from you. It is estimated that about seven and a half percent of Canadians have diabetes. That's well over 2 million Canadians with diabetes. You have joined a very, very large club! Next time you are out shopping, take a look around you. The likelihood is very high that some of the people you are looking at also have diabetes.



When you and others are accepting and open about having diabetes, you'll find that you're far from alone in your situation. (If you don't believe us, read the section "You Are Not Alone" earlier in this chapter.) And you will likely find it comforting to know there are others with whom you can relate and from whom you can draw support. For example, one of Alan's patients told him about an uplifting experience that she had. She arrived at work one morning and was very worried when she realized that she had forgotten her insulin. But she remembered that a co-worker had diabetes and was able to borrow some insulin. Another time, at a party, she left the crowd and stepped into a friend's bedroom to give herself an injection of insulin — and found a man there doing the same thing. She recalls their camaraderie at discovering one another.

The stage of anger

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

- ✓ If you aim your anger at a person, you hurt him or her.
- ✓ You will often feel guilt if your anger harms you and those close to you.
- ✓ Anger will often keep 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. Channel your anger into creative ways of managing your diabetes. (For ways to manage your diabetes, see Part III.)

The stage of bargaining

The anger that you experience may lead to a stage where you or your loved ones become increasingly aware of your mortality and bargain for more time. At this point, most people with diabetes realize that they have plenty of life ahead of them, but they start to feel overwhelmed by the talk of complications, blood tests, and pills or insulin. You may experience depression, which makes good diabetes 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 are also more likely to experience feelings of anxiety.

If you suffer from depression, you may feel that your diabetes situation creates problems for you that justify your being depressed. You may rationalize your depression by saying that it's caused by the following reasons:

- ✔ You don't have the freedom to eat whatever you want whenever you want.
- ✔ You have to adjust your leisure activities.
- ✔ You may feel that you're too tired to overcome difficulties.
- ✔ You may dread the future and possible diabetic complications.
- ✔ You may feel that diabetes hinders you as you try to form new relationships.
- ✔ You may feel annoyed over all the minor inconveniences of dealing with diabetes.



All of the preceding concerns are legitimate, but also they 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 program.
- ✔ Recognize that not every abnormal blip in your blood glucose is your fault.

The final stage: Moving on

If you can't overcome the depression brought on by your diabetes concerns, you may need to consider therapy. But you probably won't reach that point. You may experience the various stages of reacting to your diabetes in a different order than we describe in the previous sections. Some stages may be more prominent; others may be hardly noticeable.

Almost everyone with diabetes goes through periods when they pay less attention to their health, do less blood glucose testing, fall off their lifestyle treatment program, and even start missing some of their medicines. That is a fact of diabetes life and there is no need to feel guilty. By the time you recognize that this is happening to you, you will probably also discover that you are ready to get back on track. The trick is to not dwell on perceived "failure," but to refocus on future success.



Don't feel that any anger, denial, or sadness is wrong. These are natural coping mechanisms that serve a psychological purpose — for a brief time. Allow yourself to have these feelings, but then drop them. Move on and learn to live normally with your diabetes. You will be surprised how much more easily you can control your diabetes when your spirits improve.



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, depression or anxiety will prevent you from properly looking after your diabetes, and as a result your general health too will suffer. The following symptoms are indicators that it is time for you to seek professional help:

- ✓ You can't sleep.
- ✓ You have no energy.
- ✓ You can't think clearly.
- ✓ You can't find activities that interest or amuse you.
- ✓ You have no appetite.
- ✓ You find no humour in anything.
- ✓ You feel worthless.
- ✓ You have frequent thoughts of suicide.

Your sense of hopelessness may include the feeling that no one else can help you — but that simply isn't true. Your family physician is the first person to go to for advice. He or she may help you to see the need for some short-term or long-term therapy. Well-trained therapists 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 person and feel assured that he or she is very interested in your welfare.

Your therapist may decide that your situation is appropriate for medication to treat the anxiety or depression. Currently, many drugs are available that have been proven safe and effective. Sometimes a brief period of medication is enough to help you cope with your difficulties.

You can also find help in a support group. The huge and continually growing number of support groups shows their worth. 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. A good place to start is to contact a local chapter of the Canadian Diabetes Association (www.diabetes.ca). Another good place to seek out support is the online community. There are now many diabetes-oriented newsgroups (such as alt.support.diabetes) where people share their common concerns. The American Diabetes Association (www.diabetes.org) also has some excellent community forums.