

# CDiC - INDIA

Newsletter



Issue: 18, April 2018

## Reaching out dashboard

No. of children 4063

No. of hcps trained 6975

No. of children camps 617

## Contents

Insights

Editorial desk

CDiC Milestones

An Appeal

CDiC in the last four months

Misthi makes exercise fun

FAQs

Traveling and diabetes

Knowing Anusha

### Editorial Committee:

Prof. P. Raghupathy

P. Dinakaran

Dr. Guruprasad Thimmaiah

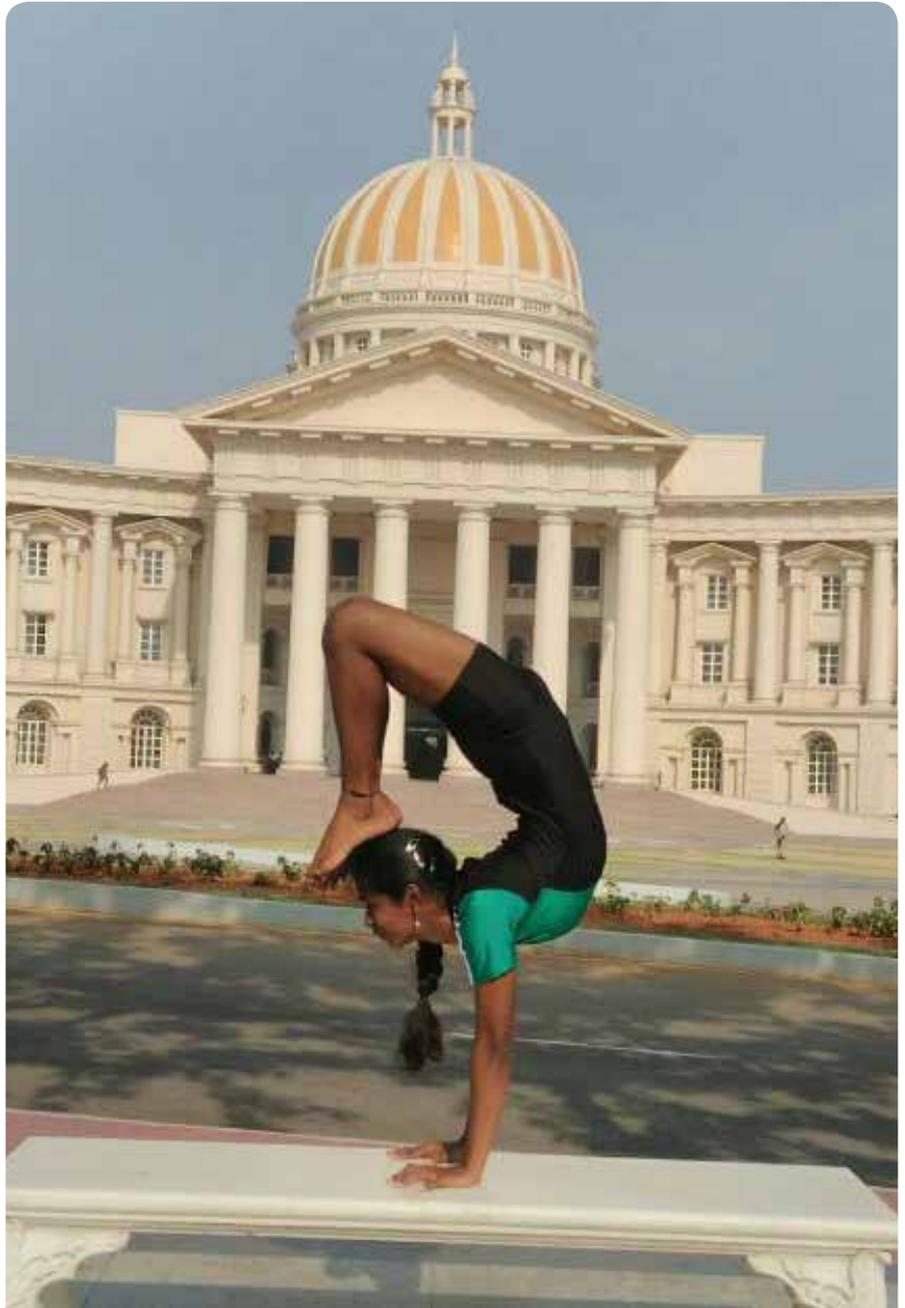
Sandhya Madhvapathi Rao

Dr. Shuchy Chugh

**"I hope my achievements will make people believe that children with diabetes can do something. They are not weak."**

*Anusha Honnaiah*

Story on last page



## Insights

### Story of Anusha Honnaiah

Anusha is a 15-year-old state level gold medallist in yoga and an athlete. She has also won the silver medal at a national level yoga championship. She has had diabetes for the past 10 years.



## Editorial desk



### Dear Colleagues,

We all will accept, that CDiC is a real boon for children with type 1 diabetes, because this is the only comprehensive programme serving children with type1 diabetes for a significant period of time.

The programme is designed to support children from poorer families till they reach adulthood. As the programme enters its seventh year & third phase of its operations in India, we have the first group who have completed their journey with CDiC on reaching adulthood. As a special case, for this group of young adults, Novo Nordisk India team has assured to continue support of human insulin vials until they complete their studies or reach the age of 22 whichever is earlier. This is really a commendable gesture.

At this juncture, we as a group can contribute significantly to the understanding on management of type1 diabetes in children by collating & presenting the learnings from this large group of children. To achieve this, I will once again request all of you to strengthen the registry entries on a regular basis. Let's work to come up with scientific literature on the proper management of children with type 1 diabetes in the current Indian scenario.

Thanking each one of you for your dedication and commitment,

**With regards,  
Prof. P. Raghupathy  
Chairperson, CDiC**



### Dear Colleagues,

I would like to thank my friends at the Novo Nordisk Education Foundation for passionately driving this program and extending it in to the 7th year of service to children with type1 diabetes. I would also like to thank each one of you for your wholehearted commitment towards this noble cause. In the last six years, you all have contributed significantly towards this cause by not only caring for these children, but working on improving capacity by conducting CMEs, creating a book on type1 diabetes for Drs & also for diabetes educators. More importantly you have made these children & parents more confident to face their diabetes challenge through your interactions with them, conducting children camps, write-ups in lay press & newsletters. In this third phase, let us work together to come out with good publications on our learnings from managing this large group of children, this will be possible by populating the CDiC registry on a regular basis. The other important need is actions towards long-term sustainability of the program benefits to these needy children with type1 diabetes. This can be achieved by strengthening advocacy, let's work to create local CDiC patient groups with children along with their parents to help represent this cause to the policy makers for getting the needed support from the Government.

Looking forward to your continued support.

**Thanking all of you.  
Prof. Ashok Kumar Das**



### Dear Friends,

Thank you once again for extending your support to the Changing Diabetes® in Children (CDiC) program. Your commitment and passion have played a key role in the successful execution of this program since its launch in 2011.

As the CDiC program moves into a new phase in 2018, we once again request your wholehearted support for this initiative as you have done for the last seven years. With your assistance and guidance, we are positive of finding long term sustainable solutions for providing comprehensive care for children with type 1 diabetes from underprivileged families.

Thank you for your guidance.

**Melvin D'souza  
Managing Trustee NNEF  
CVP and MD, Novo Nordisk India Pvt Ltd**



## CDiC Milestones

Sep 2011



Program inaugurated by ex-president Dr APJ Abdul Kalam

Nov 2011



1000th Child enrolled

Jan 2012



NoTTI (Novo Nordisk teaches to take insulin) came into existence.

Dec 2013



School Teacher Campaign initiated to create awareness about type 1 diabetes among schools

Jan 2013



CDiC International consensus meet at Bangalore- The proceedings of the program released in the form of book - Diabetes in children

May 2012



First scientific advisory board meeting of CDiC conducted and first CDiC newsletter released

July 2014



Stamp commemorating CDiC released with Department of Post, Government of India

Oct 2014



Afro-Asian conclave on diabetes in children at Delhi. "Diabetes Educators Handbook", on type 1 diabetes released.

Nov 2014



First Mishti Guardian (newsletter for educators) released and CDiC program extended up to 2017.

Aug 2017



CDiC Textbook of Pediatric Diabetes released at AIIMS, New Delhi, by Joint Secretary, Ministry of Health & Family Welfare

Nov 2016



CDiC got prestigious RSSDI award and ISPAD book titled Diabetes in Children and Adolescents, translated in Hindi.

Feb 2015



CDiC Educational Scholarship : For long term self-reliance, for around 500 eligible children initiated

Dec 2017



First set of motivational stories - Insights from CDiC children released and CDiC program extended to 2020.

Childrens Camp



More than 600 childrens camps reaching to more than 20000 childrens

HCP Training



> 6000 HCPs trained on type 1 diabetes



## Appeal to form Type 1 Diabetes advocacy group

Despite being the most common chronic disease in children and adolescents, type 1 diabetes is yet to receive the attention it requires. We all have been fighting for the cause of childhood diabetes for many years. Let us form a CDiC advocacy group in each of the center which can comprise of

- 2 CDiC children
- 2 young adults from the CDiC group (18-22)
- 2 parents of children < 18 years of age
- 2 centre staff
- 1 centre head.

Let us take our appeal to our local governments for the betterment of children with type 1 diabetes and make this world a better place for them.

**Type 1 diabetes is NOT caused by eating too many sweets or junk food. It is an autoimmune disease in which the immune system attacks the pancreas and the cells that produce insulin. Children with type 1 diabetes require insulin for survival**



## CDiC in the last four months

We are very happy that our journey to support these poor children with type 1 diabetes has been further extended. We are happy to share the activities which took place between January to April 2018

- Renewal of agreement with all the centers.
- Replacements with same number of new children < 18 years for children who have left on reaching 18 years for all centres
- Creation of young adult CDiC group with those who crossed the CDiC age criteria of 18 years in the 18 to 22 age group
- 11 children's camps conducted reaching more than 350 children
- Mothers and educators felicitated at CDiC centres to celebrate Women's Day.
- CDiC scholarships distributed to 2 more children
- More than 3000 people reached through email campaign on World Health Day. The poster was in line with the 2018 theme of "Universal Health Care – Everyone Everywhere" and focused on need for an active life for good health. (Poster on last page)



# MISHTI MAKES EXERCISE FUN

Mishti is attending a party with her family



Dad, let's dance

Sure Mishti!

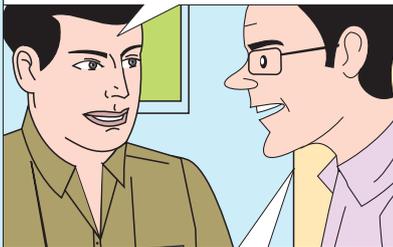


Mishti, do you like dancing?



Yes uncle. I love dancing and it's also a great way to remain fit. Today, we missed our evening game of badminton, so we will dance.

Amit, you can also join us as I know you too have missed your evening walk.



What! Dance instead of walk, it sounds crazy.

No, uncle. We need to be active and if we do something which we like and have fun. And dancing is a great exercise.

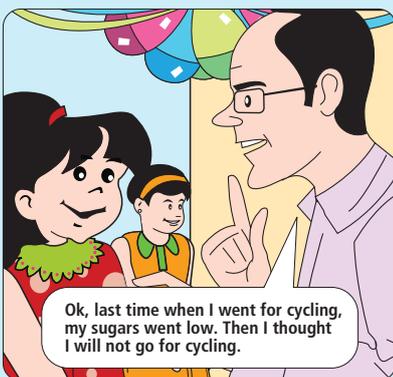


I know you are right. But can I do gardening or cycling instead of walking?



Yes, why not. Dr Uncle says that one can change activity, but check sugars before and after for first few days to determine the impact on blood sugar levels according to intensity and duration of activity.

Doctor uncle told me to take snacks after 30 minutes. If any activity is getting too strenuous then one can reduce the duration of any strenuous activity. May be 20 minutes of dance will be equal to 30 mins of walk.



Ok, last time when I went for cycling, my sugars went low. Then I thought I will not go for cycling.



Good idea, let me join you. I will also like to visit your doctor, next time when you are visiting.

Good evening Doctor Uncle. Amit uncle wants to talk to you



Doctor, I have type 2 diabetes. Can I do cycling, play cricket or do gardening instead of doing walk. I find walking a boring activity?

Why not? You can definitely do it. Most of people can choose their activity according to their interest. Just take care of a few things:

- 1 Check your blood sugar levels for few days before and after any new activity to know the impact and taking corrective action. You can increase or decrease time or intensity.
- 2 If you feel any kind of discomfort, stop, take rest and visit your doctor.
- 3 Eat a snack in between, if activity is too strenuous and continues for more than 30 minutes.



Thank you doctor



Thanks a lot Doctor Uncle

My pleasure Mishti



## FAQs

### Q1 If the insulin dose is increased, does that mean the diabetes is getting worse?

Not really, the most important goal for people with diabetes is keeping near-normal blood sugar levels in order to feel well and to avoid long-term diabetes-related complications. To do this, each person needs different amounts and types of food, activity, and medicines like insulin. The need of insulin may vary in different situations and may increase temporarily in situations like:

- Illness\*, stress, surgery
- Increase in height and weight of a child in the case of type 1 diabetes

### Q2 Can type 1 diabetes be reversed?

At this time, there is no way to reverse or cure type 1 diabetes but the good aspect is that it can be controlled and children with type 1 diabetes can live long healthy lives with appropriate treatment which includes insulin, monitoring right diet and exercise.

### Q3. Now a days there are so many advertisements on reversing diabetes . Are they all false?

Yes, there are many advertisements on reversing diabetes these days but they are not at all true for people with type 1 diabetes. Mostly such advertisements are related to weight loss or restricting carbohydrates,

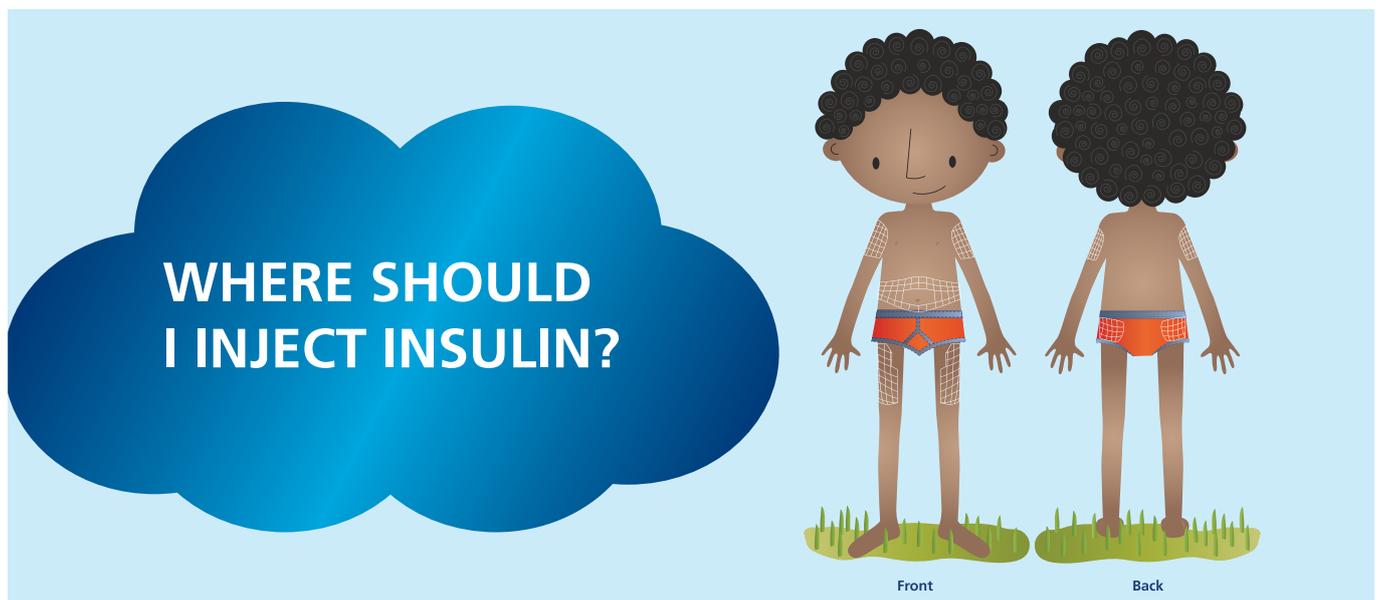
- Mostly when a person has prediabetes or has just been diagnosed with type 2, losing a lot of weight can put the condition into remission in few cases. Weight regain, aging, and the natural progression of type 2 diabetes can bring it back also.
- “Not eating carbohydrates or severely restricting it” can cause the reduction of insulin dosage to some extent but it is difficult and actually harmful for children as they have to grow and this kind of diet deprives them from many essential nutrients.

### Q4 Can children with diabetes do well in studies?

Diabetes is a physiological disorder which can be managed and does not have any effect on academic performance, if managed well. There are ample examples where a child with type 1 diabetes has become a doctor, an engineer, or a sportsperson and excelled in his or her chosen field. Two important things to understand are:

1. Since a child spends more than 1/3rd of his/her day at school, teachers should know about diabetes in the child and also know about the management of hypoglycaemia and hyperglycaemia. This will be helpful for the child.
2. Most of the children who study have better quality of life as compared to children who have not got formal education.

\*Dunger DB, Sperling MA, Acerini CL et al. European Society for Paediatric Endocrinology/Lawson Wilkins Pediatric Endocrine Society consensus statement on diabetic ketoacidosis in children and adolescents. Pediatrics 2004; 113: e133–e140.





## Traveling and Diabetes

### Do's



- Whether you're traveling by either air, rail or road, carry your diabetes supplies handy in your handbag or in a place easily accessible.
- Keep more than enough diabetes supplies (around double than needed) with you, in case of extending the stay or any emergency it would help.
- One must carry along supply of glucose / sugar or hard candies (to treat hypoglycaemia) and some dry snacks such as biscuits ( to prevent hypoglycaemia).
- Check glucose levels more frequently and take desired action.
- Always carry diabetes identification card providing emergency contact details.

### Don'ts



- Keep your insulin or devices in any hot place like in direct sun, in glove compartment of car or in parked car or extreme cold place like in check-in luggage while traveling in air plane.
- Go without having insulin/ medicines/ glucometer for even a single meal.
- Go without carrying food, assuming that food will be available wherever you go.
- Walk bare foot or with uncomfortable shoes.
- Go without a prescription listing name of the medication, insulin, syringes, glucometer, strips you use.

#### Packing Checklist while traveling, for people with type 1 diabetes

- Insulin and syringes
- Blood glucose meter, test strips, lancets, extra batteries
- Other diabetes medications
- Prescriptions of medications and sugar test supplies.
- Treatment for hypoglycaemia – candy etc.
- Non-perishable snacks – biscuits etc.
- First-aid medications
- Medical ID



### Key facts

Planning is the best way to make sure that people with type 1 diabetes enjoy the experiences of travelling to new places or visiting family and friends or going for a business trip or a pilgrimage.

Remember, nothing is prohibited, but moderation and monitoring are the keys to indulge, enjoy and yet have good blood glucose control.



## Knowing Anusha



Anusha was diagnosed with diabetes in 2009 when she was just six years old. She was not feeling well and was losing weight despite eating more food. Her mother was surprised with this development and she took her to the hospital. The doctor asked the mother for a few blood tests. When the test results came, Anusha's sugar levels were 630 mg/dl. In the meantime, her condition had worsened and she went into a coma. Anusha's parents admitted her to the hospital. While she was undergoing treatment for diabetic ketoacidosis, her thyroid levels were also found to be low. When she was discharged, she was prescribed insulin three times a day and a tablet for thyroid. The whole family was very disturbed. At that time, one of her uncles took her to yoga classes. Since she was a small child, her mother and brother also joined the same class.

As time passed, Anusha's physical strength increased and she started taking part in running events. Initially the sports teachers were slightly reluctant, but Anusha's mother took the responsibility. Her achievements soon astonished everyone. She is a state level gold medallist and national level silver medallist in yoga. She is also a state level athlete who has won many medals. According to Anusha, "It is because of my mother's dedication and care and the support from my doctor that I have achieved so much."

### WORLD HEALTH DAY POSTER

HEALTH FOR EVERY ONE, EVERY WHERE



Apart from your regular **30 minutes** of exercise, perform **20 repetitions** of any **two** exercises every hour. You can begin with **five** repetitions

There is no doubt that this program has impacted the lives for many children with type 1 diabetes.

Thanking each one of you for your contribution. Let's work together with best of our ability for changing diabetes and to support and help children with type 1 diabetes.

For more information:

you can visit us at : <http://cdicindia.org/>

or write to us

diabeteseducatorindia@novonordisk.com