

The Difference a Family Can Make

By Kathy Gold, RN, MSN, CDE

I recently attended a meeting with Board members of the Spring Point project and met one of the Board members for the first time—Pat. Pat said something at the end of the meeting that struck me. He said, “When my daughter was diagnosed with diabetes, I promised her I would find a cure... my daughter is now an adult and I still don’t have that cure for her.”

The Spring Point Project and DRWF are working closely to find a cure for diabetes. And as I looked around the room at a group of very successful businessmen, I was struck by the fact that these men were all fathers who were doing everything in their power to make their children’s lives better. DRWF volunteer president Mike Gretschel has two adult children with diabetes. Pat has an adult daughter and Tom, another Board member, has an adult son with diabetes. These men were all doing what they do best—raising funds; in this case to find the elusive cure for diabetes.

As a diabetes educator, I work with families to help them deal with the daily struggles of diabetes. But my interventions are short-lived and I am not the one who has to make it work 24 hours a day, 7 days a week, 365 days a year—year in and year out.

After our meeting I thought about what I could do to help raise awareness about the seriousness of diabetes, the struggles that a family goes through in dealing with the diagnosis, and the successes a family can share—because diabetes affects the whole family. It is important that we find a cure to make life better for the next generation.

So I called Pat’s wife Ann and daughter Mo, and asked if they would share with me what life had been like over the past years from both perspectives—living with diabetes and living with someone with diabetes.

Ann and Mo could not have been more gracious and willing to share their stories. I think it is important to note that the diagnosis of diabetes was so life-changing that they can still recall all of the details. Mo is the youngest of five children and was diagnosed with Type 1 diabetes when she was 9 years old. She was in third grade... loving school and a real social butterfly—nicknamed Mighty, Mighty Mo. She started to complain about headaches and being nauseated. Ann took her to the pediatrician who was unable to find anything wrong.

While on a spring break in Florida, Mo was in and out of the pool because she had to keep urinating and she was always thirsty. Ann noticed that Mo seemed to



be losing weight. The family had to cut their trip short as Pat’s mother passed away from Alzheimer’s disease and they had to fly back to Minneapolis. On the plane ride back home, the airline showed a promotional spot that Mary Tyler Moore did for the Juvenile Diabetes Research Foundation (JDRF) in which she talked about the symptoms of diabetes. One of Mo’s sisters piped up, “Hey Mom, I think that must be what is wrong with Mo.” When they arrived back home, a trip to the pediatrician confirmed the diagnosis.

Ann noted that from the beginning, Mo wanted to take care of her diabetes... she didn’t want any help. She tested her own blood sugar and gave herself the insulin injections. At the hospital the nurse made Ann and Pat give themselves a saline injection so they would know what it was like, and when they got home all of the kids gave themselves an injection. Mo remembers that after taking her first injection of insulin that night, it was the first time—in a very long time—that she could remember sleeping through the night without getting up to go to the bathroom.

There was no family history of diabetes, so this diagnosis came from nowhere. As a nurse, Ann knew what this diagnosis meant... she had a sense of what lay ahead for Mo. The family was scheduled to travel to Europe just six weeks after Mo had been diagnosed and Ann was ready to cancel, but Mo’s doctor asked why she would cancel the trip and prevent Mo from having the experience.

Ann, laughing, recalled how the only thing that Mo wanted after her diagnosis was some of the food models that were shared with her during her diabetes education class. Mo loved playing with those food models and her American Girl doll that also “needed” insulin injections.

This is the attitude exemplified by this family: Yes, Mo had diabetes, but they would deal with it. And Mo would have a normal life. Mo has had many wonderful experiences and diabetes did not slow her down one bit. She traveled to Thailand while she was in high school for a mission project. She was so excited about going on her own, but Ann said she and Pat just couldn’t let her travel that far alone, so they booked a trip to Thailand at

the same time. When they broke the news to Mo they promised she would not see them unless she needed them. Her friends teased her when they met in the airport but Ann and Pat kept their word, and Mo had a wonderful time washing elephants for 10 days half-way around the world. Mo is a skier, rides horseback, windsurfs and paddle boards; she has found a way to do all of these things while living with diabetes.

Mo loved psychology and helping other people, so it was no surprise when—after hearing about one of her professor’s mission trips to Haiti—she decided that she wanted to follow in her mother’s footsteps and become a nurse where she would be able to help people in other countries. She works as an ER pediatric nurse, and when she shared this with me my first thought was: how lucky for parents of a newly diagnosed child with diabetes to meet Mo... how reassuring it would be to them to see that living a full and normal life is possible. Mo shared with me that she can now fully appreciate the effort her parents put into keeping her both healthy and grounded. She has never been hospitalized with a problem from her diabetes—although she has had three episodes of hypoglycemia ... every parent’s nightmare.

Mo has her own apartment and lives alone. I asked Ann how she was dealing with that level of independence. Mo chimed in, “I may live alone but there are 16 sets of keys

for my apartment, and family members live close by; so family is always stopping in or calling. My sisters also have their own apartments so how could they tell me I was different?”

When I asked Mo about her father’s involvement in the Spring Point Project and his efforts to raise money for a cure, she was proud and grateful for his efforts. She stated that he keeps her current on the latest research, but she also said she realizes that tomorrow there may be a cure—but she is not holding her dad to his promise.

Mo feels diabetes is just one part of her life, and she has learned to live with it. She spends part of each day taking her insulin, testing her blood sugar, eating healthy and exercising. Mo, her parents, and her siblings were leaving for Africa on a 10-day mission trip the day after our interview. They were excited about giving back—as that is what this family does. After getting off the phone I thought to myself: how fortunate the world is to have people that are so committed and hopeful. Yes, life has presented obstacles, but this family has overcome them. I think a quote by Helen Keller says it best:

“The struggle of life is one of our greatest blessings. It makes us patient, sensitive, and Godlike. It teaches us that although the world is full of suffering, it is also full of the overcoming of it.”

Non-Supportive Family Impacts Glycemic Control and Medication Adherence



In a recent study published in *Diabetes Care*, the authors found that family members who were non-supportive impacted patients with diabetes in regard to their medication compliance and blood glucose control. Researchers surveyed individuals and attended focus groups of individuals with Type 2 diabetes. Participants shared their experiences and discovered that family members may not always provide the support that would assist an individual with diabetes to successfully self-manage their diabetes. Simple things—such as the choice of foods packed for a picnic, reading nutrition labels when grocery shopping, encouraging an individual to eat “unhealthy” when out at a restaurant, carrying a fast-acting sugar to treat a sugar low, or reminding a family member to take their medication—can all make a big difference to someone living with diabetes. Family members can greatly impact those with diabetes as we saw with Mo and the support she received—and continues to receive—from her family. It serves as further proof that diabetes doesn’t affect only the person with diabetes—the entire family is affected.