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Diabetes: Patients tell their stories

Diabetes is on the rise all around the world. In the EU alone, there are 33 million people diagnosed with diabetes. They include people of all ages and from all walks of life. The two main forms are insulin-dependent Type-1 diabetes and non-insulin-dependent Type-2 diabetes. Type-1 diabetes, which develops mainly in children and adolescents, is more aggressive. However the disease is not a tragedy, as three 'Type-1' patients explain.

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Pär, the professional footballer

Diabetes is not an obstacle to leading a full and healthy life: Pär Zetterberg, a former Swedish football international is testament to this.

Pär was first diagnosed with Type-1 diabetes aged 19. Pär had been playing with RSC Anderlecht's senior team in Belgium when he suffered a foot injury that would not heal. 'I was growing weaker and weaker, I was always thirsty, I was losing weight and I had no power in me,' recalled Pär. He went for blood tests, which revealed his

blood sugar level was four times higher than normal.

It was a tough time for Pär, living away from his family in Sweden. A warning from his football coach that the diagnosis meant his professional career was over compounded the stress and upset of his situation. Nonetheless, despite his poor outlook, RSC Anderlecht sent Pär to see Professor Harry Dorchy, at the University Children's Hospital Queen Fabiola in Brussels. ‘Dr Dorchy explained the situation very clearly and saved my football career,’ recalled Pär.

The footballer received a four-per-day insulin injection regimen to stabilise his blood sugar levels, and his foot steadily healed. He also established an injection routine that did not impede on his training schedule. His career was saved and soon blossomed.

Now in his forties, Pär still sticks to the same injection routine he started aged 19, although the dosages might vary. He said discovering he had diabetes was ‘the worst moment’ of his career, but today is more positive: ‘I’m a better sportsman because of my diabetes.’

The footballer, who went on to win five Belgian titles with RSC Anderlecht, 30 caps for his native Sweden and three league titles with Greek team Olympiakos, concluded that, ‘instead of hindering me, the diabetes spurred me on.’

Noémie, the teenager

Noémie Galuszka © Noémie Galuszka
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Noémie Galuszka is a pretty 14-year-old Belgian teenager with wavy dark hair and brown eyes. She was diagnosed with Type-1 diabetes aged eight, and remembers its early signs. ‘I was thirsty, going to pee all the time, and in a bad mood,’ she recalled. ‘I was losing weight. I knew something was wrong.’

Following an initial blood test, Noémie was referred to the Diabetology Clinic for children and adolescents at the University Children's Hospital Queen Fabiola (HUDERF: Hôpital Universitaire Des Enfants Reine Fabiola) in Brussels, Belgium. It was there she was diagnosed, after which she spent 10 days in the same hospital with her parents to learn about the illness, its treatment and how to cope with it.

For Noémie, having Type-1 diabetes means that she must perform four daily blood pricks and two injections, jotting down her blood glucose readings in a notebook and carrying a first aid kit with insulin, material for injections, sugar and glucagon. Her sugar levels must be constantly monitored. ‘If I don't have enough sugar, I'm tired and I tremble. If I have too much, I'm irritable and thirsty,’ she said.

For a young girl like Noémie, coming to terms with diabetes has been difficult. It is the psychological aspect of the disease that has had as great an impact on her as the physical consequences of having the disease. ‘Sometimes I think it’s unfair that I have diabetes because I didn’t do anything to deserve it,’ she said.

Nicolas, a future doctor and a sports enthusiast

Nicolas Vyncke © Nicolas VynckeNicolas Vyncke © Nicolas Vyncke
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Nicolas Vyncke is a medical student at the University of Liege. His Type-1 diabetes was diagnosed when he was seven years old.

‘I had returned particularly tired from a family skiing holiday,’ he remembers. ‘The doctor had initially thought of gastroenteritis. After a second visit and various blood and urine tests, the diagnosis was clear: it was diabetes.’

His illness did not prevent him from living his dreams. Last year, he took part in a transatlantic race from Quebec, Canada to St Malo, France. Five people were on board, including three young diabetics. The Class 40 (a 40-foot-long sailboat) chartered by Force Douce, a Belgian non-profit association that supports young people with physical, mental or social problems, successfully made it to the finish line.

Nicolas and his teammates won their bet! ‘Of course, we were not among the first ones, but after 14 days at sea, we arrived in St Malo.’

‘At sea, with continuous shifts, difficult meteorological events and fatigue, we had to check our blood sugar more regularly. In our case, it was no problem. We continuously adapted our insulin,’ said this future doctor.

The experience of the transatlantic race is already a (good) memory. This year, though, Nicolas will mentor other young diabetics who, like him, are interested in the sea. But he also dreams of new adventures on the ocean.

In 2014, the ‘Route du Rhum’ might be one of his objectives. He does not plan to do this crossing between France and the Caribbean solo. But rather bring a boat back to Europe after the race, with a crew of diabetic young enthusiasts!

The medical expert

Professor Harry Dorchy is a renowned diabetes doctor and head of the Diabetology Clinic at Belgium's HUDERF, where Noémie and Pär were treated. More than 500 Type-1 diabetic children and adolescents are monitored at the HUDERF, one of 15 paediatric diabetes centres in Belgium. ‘In Belgium, there are 2 800 Type-1 diabetic patients under the age of 18 years,’ he says.

Professor Harry Dorchy © Harry DorchyProfessor Harry Dorchy © Harry Dorchy

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Prof. Dorchy quotes the International Diabetes Federation in asserting that ‘in the European Region [Europe and Russia, total population 899 million], the number of children aged 0-14 with Type-1 diabetes is estimated at 116 000.’

Prof. Dorchy believes that diabetic treatments must be ‘tailor made’ for each person so that patients receive the best possible care. ‘Diabetic children should be followed by multidisciplinary teams that include paediatric diabetologists, who have a large enough case load to acquire a high level of expertise,’ he said.

Type-1 diabetes, which mainly affects children and adolescents, needs to be strictly managed with regular insulin injections; if untreated it is fatal. In Prof. Dorchy’s clinic, young patients are seen bi-monthly to monitor their progress and to build up trust between himself and his patients.

Often, Prof. Dorchy continues to follow his young patients into adulthood. ‘At our hospital we continue to follow the patients when they are adults, which is when complications can set in. This gives the paediatric diabetologist more motivation to require good blood glucose levels, which is indispensable to avoid long-term complications,’ he said.

Prof. Dorchy recognises the psychological effects on some patients: ‘With some children, you have to be fatherly, while with others you must be persuasive, or you may need to send a nurse to their school; every case is different.’

With proper management, however, diabetics can live a normal life, and this is an inspiration to many doctors and specialists. ‘Today’s young diabetics, properly trained in self-monitoring and self-treatment, are as competitive physically and intellectually as their non-diabetic peers, provided their glycaemic [sugar] control is kept close to normal,’ said Prof. Dorchy. ‘I get a sense of pride when long-term complications for my patients are avoided,’ he concluded.

More info

Force Douce

European Commission information on diabetes:

http://ec.europa.eu/research/health/medical-research/diabetes-and-obesi...

http://ec.europa.eu/health/major_chronic_diseases/diseases/diabetes/ind...