

**PREVIEW_ Dr. R. David Dikeman -
How to Avoid Complications of Type 1 Diabetes (SD 2016)**

Dr. Dikeman: Let's get a little background on what type 1 diabetes is all about. So let's just imagine that your child was just diagnosed as my child was three years ago. What happens is a total world of confusion.

Most doctors don't know about diabetes, type 1 diabetes and they don't know the warning signs. What happens to your child is it looks like he has a fever or a flu, he's got to stay home from school, very thirsty, which is odd.

At least he is eating well, they are always hungry, which is you think an encouraging sign, but it's not. What's happening is that they are not producing insulin anymore. Their blood sugars are very high, they are peeing out all the glucose that their body is creating, they eventually go into ketoacidosis with these very high blood sugars and they rapidly lose weight and I'm talking about 10 pounds, 15 pounds in a matter of a couple of days.

It is a reasonable expectation that when you take your child to your doctor on these conditions, he sends you home with a misdiagnosis and totally messes it. And your child is in severe danger and can die. And they do die at times.

Let's suppose you get past that hurdle, you take your child to the emergency room... You will quickly in a matter of a day or two be sent home with very little information about how to manage a very complex disease. You will get a crash course in what's called Basal/Bolus Insulin Dosing and what's called Carb Counting.

These are the modern methods of treating type 1 diabetes. Your doctor will tell you that you should eat a certain number of carbs, count how many you are eating, take a corresponding amount of insulin and your blood glucose will go up and down between each meal, although they predict that it goes right back down to the normal level.

Of course that doesn't really happen. The most interesting part of your crash course will be your meeting with your dietitian who will take the current guidelines from the American Diabetes Association, published by a group called the Diabetes Care and Education, the DCE.

And in that they will say if you have a five-year-old child for example, you might want to feed them 45 g of carbohydrate per meal. If your child is larger maybe of 60, 70 pounds and maybe six years old, 60 g of carbohydrate per meal. And much more as they get larger.

The teens are recommended 60 g of carbohydrate per meal, which is more than I eat in two weeks. What's a sample meal? I'm going to show you a picture of it... Mashed potatoes, skim milk... Not full fat milk, skim milk...

Canned peaches and of course dry chicken breast, because fat would be bad. And some dressing. So that's what you're told to eat by your dietitian. And if you don't quickly grasp that that's a bad idea, it can be down the tubes for your child and your family for decades.