

## Spring is coming

A long, cold and wet winter is almost over and while we can't bank on the sun, at least the days are lighter. Whatever your sport, it's certainly more fun when the weather is better. As the days get hotter, remember how important it is to keep well hydrated if you have diabetes.

Please let us know what's going on with events in your area. Our **Expert panel** is having a break but will answer your questions on sport or diabetes in the next issue. The more feedback you give us, the more we can give you. You can find contact details on the last page.

Please let us know if there is any issue or subject that you feel we could cover.

Diabetes UK is committed to making sure that people living with diabetes do not lose out on the great enjoyment sport and exercise can bring.

The database of people wanting to receive *Active News* is growing. Please feel free to pass on the newsletter or get anyone interested in joining to contact us.

## Conference

The sports and diabetes congress meeting, with the help of DESA (Diabetes, Exercise and Sport Association) will be held from 25 - 28 August 2002 in Davos, Switzerland.

The congress will be split into a medical symposium for professionals and a meeting for people with diabetes.

For more information, look at their Website [www.diabetes-sport.ch](http://www.diabetes-sport.ch)

## On the move

Diabetes UK has moved its central office from Central London to Camden in North London: please note the new contact details on the last page.

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## SPORT FOCUS:

### Triathlon

*Triathlon, duathlon, and quadathlon events are very popular for those wishing to push the boundaries. Any one of the events, swimming, cycling, running or kayaking needs preparation, training and competition planning: put them together and success may depend on the tiniest details...*

Having diabetes is no barrier to endurance events but understanding the effects of your diabetes on your training and in different settings can make the transition from a good time to a winning time.

If your event is in open water, you will benefit from trying short trips to see how the extra cold affects you. Because events are longer and over different settings, different food sources should be tried: hypostop, glucose tablets, sports drinks and cereal bars all have their time and place.

Endurance events require a great deal of energy, more than you may think and training may not replicate all the conditions of the race itself. Monitor as often as possible and let other people know your signs of hypoglycaemia and what they can do to help.

When you make any adjustments to insulin doses, try to swim first in swimming pools rather than in open water.

Thanks to Andrew Ozanne, an experienced triathlete, living in Guernsey who gives us the benefit of his experiences and has also recently started using a pump.

He outlines his routine below – both pre and post pump and you'll find his tips about the importance of checking whether you have hypoglycaemia or not critical in the management of your food intake. This is a personal account and Diabetes UK does not necessarily endorse the action taken.

#### **Prior to the pump.**

Olympic Distance (3 hours) or Middle Distance (6 hours)

"I would take 50 per cent of my normal long acting bedtime insulin Hypurin Isophane, for example, two units but would not alter any other

doses and would hope to wake up well hydrated with a blood glucose level of 8mmol/l. Two hours later I would eat 50g carbohydrate, usually toast and very weak tea after injecting 3 or 4 units of Humalog. This would be about 30 minutes before the race start and when I tested, I would aim for 14mmol/l. (*Editor: Diabetes UK recommends not exercising if over 13mmol/l and checking for ketones over this level.*) This gave me confidence that I would have enough glucose for a swim of about 30 minutes.

"I carry hypostop or glucose with me for the swim, tucked in behind the neck of my wet suit. In rough or cold conditions, your adrenaline will be higher and you may mistakenly think that you are hypo. (*Editor: test if possible.*)

"Consider carefully when you are at sea. First, relax and tread water lightly to determine whether or not you really are hypo and how fast it may be progressing. If you are low, eat all your glucose slowly because breathing can be difficult and coughing at sea can lead to you gasping in water. I keep my glucose in a poly bag that will float. Bite the glucose straight out of the packet using your hand to aid floating and keep the tablet between your teeth and cheek so you don't choke Remember that when you are out of your environment it seems to take ages for the glucose to take effect. If you don't think that it is working, just focus on swimming for the shore. Swimming is a repetitive action so I count 'one two three, one two, three' and match each number to an action, I have managed to swim on auto pilot until I reached the beach. I couldn't actually walk up the beach but at least I was out of the water.

"Once I was on the bike I would drink a sports drink say 750ml per 90 minutes. This contains about 20g of carbohydrate. If it is a long race - 3 hours on the bike - I would eat a cereal bar or two, each containing about 16g of carbohydrate. Don't confuse normal hunger with a hypo or you'll go hyper very quickly and start feeling ill at above 16mmol/l. (*Editor: This will vary for different people: symptoms of hyperglycaemia may be felt with blood glucose levels over 10mmol/l.*)

"For the run, I would drink 330ml with about 10g carbohydrate over a period of 40 minutes.

It was usual for me to finish a race on average 4mmol/l. I become acutely aware of hypo and

therefore eat at the first sign. This is difficult if it is very hot as dehydration can confuse the symptoms.

**With the pump**

I have only done one 4-hour duathlon since I started to use the pump in January. The pump is useful as you can eat during a long triathlon or duathlon and take in extra units as you need them (I'll soon be fat and frumpy).

“I take a normal dose for breakfast with normal carbohydrates. An hour before the start when I check my blood glucose I am aiming for 8mmol/l. If it is less, I eat a snack of 10g carbohydrate. I reduce basal to 20 per cent of normal. In my case that is 0.1 units per hour for a triathlon. In a duathlon that might be 0.2 per hour. Having a hypo is easier to deal with out of the water. Again I drink as above (lucozade which is isotonic)

“It is early days and I am still experimenting but I certainly prefer the pump as the control is

much better and you do not have to commit yourself to a dose before you start. On an organised marathon where sports drink stations are provided, I would expect to be low at about one hour and then use the isotonic drinks. With the pump I will not need to be so exact as I can simply take a bolus dose when I drink.

“Above all, just do it! Don't give up with only 4 miles to go in the marathon: remember the mantra "chocolate fudge cake" - it will get you through the wall.”

**Diabetes UK suggests that any change to your own diabetes management should be made in consultation with your diabetes team.**



## Book review:

***Handbook of Exercise and Diabetes*  
American Diabetes Association**

This comprehensive book is aimed at the healthcare professional and offers a good summary of the latest research in each of the subjects, covering exercise and complications, activity in different age groups and how to encourage activity in those with Type 2 diabetes.

While the medical language may put off the casual reader, if you have questions to which you can't find answers, this book gives a good insight into the physiology of diabetes and exercise. Case studies are thin on the ground but there is a complete list of references signposting

further reading.

For those with Type 1 diabetes, there are chapters on nutritional strategies for athletic performance, insulin adjustments and pump use. The coverage of Type 2 diabetes includes prevention and adherence.

Mountain hiking and scuba diving are featured as specific examples but with 39 chapters in all, there is bound to be useful information here for almost everyone. Costing around £40, you might want to share a copy or encourage your local diabetes centre to buy it.

Have you got any experiences to share or handy tips to pass on? Read any good books on diabetes and sport?  
Please let us know see back page for contact details.



Well done to all those who ran the London Marathon. If you want to do an event for Diabetes UK, contact Nutan for more details on a range of events in 2002/3. (Contact details on last page)

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## News, views and what's coming next

If you are recently diagnosed or just want to increase your understanding about diabetes, there may be educational groups or courses you can attend in your area. Contact your GP or local diabetes centre for more information.

In the next issue, we'll take a look at competition and how it may affect your diabetes control. If you have any tips, stories or experiences, please let us know as soon as possible.

## MAD – Mountains for Active Diabetics

There is a new group based in Llanberis (North Wales) for people with diabetes who are active in the mountains and extreme sports (eg. climbers, mountaineers, skiers, fell runners, base jumpers, snow boarders etc).

It is hoped that this group will put like-minded people in touch with each other so that they can learn about successfully managing their condition in extreme conditions.

For more information, please contact:

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## Creatine supplements

Dave Wooley is a competitive runner and the holder of two silver medals. His distances, 100m, 200m and 400m, require an intense training schedule and he uses creatine during the strengthening phase of his training. He has experienced no adverse effects on his diabetes control but has noticed tightening in his hamstrings with prolonged use. He found that he needed to drink plenty of water to keep hydrated and that there is a possible retention of water and risk of weight gain. By following the recommended doses, the risk of tight or injury-prone muscles seems to be reduced. It is always advisable to follow recommended doses and consult with your medical team about your own diabetes management.

Diabetes UK recommends that people with diabetes follow a healthy, balanced diet to ensure an adequate intake of all nutrients. While there is no evidence that creatine supplementation is beneficial, its intended use is for power gains and it may be less suitable for distance running.

Dave would be pleased to answer any questions you have. His email contact is [davewooley66@hotmail.com](mailto:davewooley66@hotmail.com)

# Performance tips

## Nutrition and training

*When the going gets tough, the tough get stuffing.* Training for an endurance or strength event needs a lot of calories, most of which should come from carbohydrates, the body's preferred energy source. The general rule of thumb is to consume between 5-10g of carbohydrate and 0.8-1.2g of protein per kilogram of body weight per day. Additional calorie needs should be made up from fat (9kcal per gram).

For example, an active person involved in intense training who weighs 70kg needs 350-700g of carbohydrate, 56-84g of protein and, to achieve a total calorie intake of 3-5000kcal, fat intake should be between 114-167g.

Body weight	Carbohydrate	Protein	Fat
70kg	350-700g	56-84g	114-167g
3,500-5000 kcal per day	1,750-3,164	224-336	1026-1500
recommended % of total calories	50 –60%	10-15%	no more than 30%

Any change to your diet may require adjustments to your insulin. Consult your diabetes team for more information.

## KID'S STUFF

### Active breaks

Whenever you take your child on holiday, you know that your carefully thought through routine may be broken. You don't want to be too strict but you need to maintain some control. Activity holidays will always need some planning and modification because the level of activity is bound to be different from normal activities. How do you plan when you don't know how much activity or when it will be?

Diabetes UK runs family weekends and activity holidays that provide an ideal environment to talk through all the issues of diabetes, including insulin, food and activity in good company.

If you are going on holiday or your child is going on a school trip, talk to your diabetes team beforehand to discuss ways of keeping disruption to a minimum.

You may have seen that diabetes and school trips was recently in the news. There is no reason for diabetes to prevent your child from attending school trips but it would be wise to talk with the teachers beforehand to discuss any concerns you may have. The insurance company will be able to confirm whether their cover is inclusive of medical conditions. While schools are unlikely to foresee any problems, the nature of the activities, such as water-based or at altitude, may dictate the need for further information to allay any concerns.

*If you want to find out more about the holidays for children and family weekends organised by Diabetes UK, contact Michelle Barker on 020 7424 1846.*

Diabetes UK does not necessarily endorse the views, products or websites mentioned in this newsletter. We hope that you will use this information to make informed choices and always discuss any changes with your healthcare team.

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## Diabetes UK national and regional offices

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### Diabetes UK, Cymru

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## For more information

Contact Diabetes UK Careline 020 7424 1030 for information sheets

Contact Science Information Enquiries, 020 7424 1822 for *Balance* articles or research info

Contact Catherine Gordy 020 7424 1824 for insurance information

Contact Ruth Taylor 020 7424 1157 for 2002 "Living with diabetes" conferences

Contact Nutan Mohda 020 7424 1868 for fundraising and sporting events

Contact Janice Meakin 020 7424 1114 with any feedback



The charity for people with  
diabetes

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