

To pump or not to pump

Audrey Sheal talks about her decision to use an insulin pump

Photo of Audrey Sheal



I can say, hand on heart, that starting insulin pump therapy is the most positive thing I have ever done for my health. But the decision to start and the journey to pumping was not easy, nor was it quick – but boy was it worth it! This is my journey to pumping!!!

Diabetes – friend or foe?

You can either work with your diabetes or work against it, but you can't change the fact that you have it – that is how I look at this disease I have had since I was 13 years old. As a teenager, I did not pay much attention to my diabetes – but then, I decided I did not want to be an accessory to my own failing health. I watched my Dad suffering the complications of poor control, and realised one day it could be me.

My *HbA1c*'s have always been pretty good – the worst I remember was 7.9 – and typically they have been about 6.5–6.8. Fantastic – or was it? This reasonable average hid a rollercoaster range of soaring highs and debilitating lows – one week I counted 17 hypos – I felt like crap, but had a good *HbA1c*. Each time I went to the clinic I had another saga of highs and lows, another theory on what might sort it out and an ever-stronger sense that I had to get off the rollercoaster.

My weight was continually increasing despite a lot of exercise and a healthy diet, my insulin requirements were rising, I was giving myself lots of little extra shots of Humalog over the day, my hypo awareness was dangerously poor, and I was beginning to feel "controlled by diabetes". For the first time since becoming diabetic, I felt sorry for myself – my diabetes sometimes made me scared of situations. It was time to get back in the driving seat.

In the driving seat

At the time, I was undertaking a major piece of academic research and applied those skills to tackling my diabetes. I bought scores of books on diabetes control, gathered a multitude of research papers, and read, read, read until I had felt I had looked at the options and worked out what I wanted to try.

I decided to speak to the clinic about trying pump therapy – looking back on it now I wonder if I was too patient. However, I was really pleased with the care I was getting at the clinic, and had a good relationship with my consultant, so took things slowly.

My first request was a casual "what do you think about pumps?" I was told that pump trials in 1970's had

not gone well, UK experience of newer pumps was limited, there was an increased risk of *diabetic ketoacidosis* (DKA) and other doubts about the therapy. The answer was honest, but was not the whole story! What about the improvements that pumps have brought to people's lives?

My information gathering campaign now focused on pump therapy. I contacted [the pump companies](#), I searched for research papers that might influence the clinic, I scoured the internet for data, bought a couple of pumping books, I joined the [Insulin Pumpers mail group](#), I spoke at great length to established pumpers and then went back to the clinic. At this point I must confess, I felt incredibly despondent about ever getting on a pump – I trust my Consultant and his lack of enthusiasm scared me.

So I put it all to the back of my mind, and continued with my Multiple Daily Injection (*MDI*) regime – my hideous highs and lows, my increasing weight, my decreasing energy, my increasing despondency, my increasing number of Humalog boluses, and, oh yes, my good *HbA1c*.

Thoughts from abroad

My American cousin has had diabetes since she was four – Elizabeth had been put on a pump to improve her control pre-pregnancy – she loved it – it had changed her life. I went to stay with Elizabeth – and that, for me, was a huge turning point. Elizabeth helped me understand what life with a pump was like. When she gave herself a bolus, or changed her basal, or changed her infusion set, or changed her insulin supply, she told me what was happening and got me to press buttons, listen to alarms, hear delivery clicks – the whole lot! I saw that being permanently attached to a pump was not in fact the big deal it had become in my mind, I saw how confident she was with her pump – we compared *BGs*, lifestyles, insulin regimes and I returned home determined to try insulin pump therapy.

When I went back to the clinic I was far more forceful, but my consultant wanted to try a couple of tweaks to my *MDI* regime – and if they did not work, then we could look at the pump.

The tweaks did not work and next time I went back to the clinic, by chance, I saw the registrar. She said she was not in a position to put me on pump therapy but promised to follow up with my consultant and speak to a colleague, Dr Shaw, who was interested in pump therapy (who my consultant had copied in on all recent correspondence). I remember leaving the clinic and sitting in my husband's car crying – I was the one living with the disease, and I wanted things to change NOW. However my fears of nothing happening were misplaced and within a couple of weeks I met with Dr Shaw. From there things moved quickly – and October 3rd 2000 was the day I began pumping.

Decision time

It had taken me almost two years to get to this point, and I was terrified. "What if I don't like being attached?" "What if I can't sleep?" "What if people notice the pump?" "What if my control gets worse?" "What if I just hate it?". The week before I started on the pump, I even got to the stage where I was worried I would miss giving my injections!

I had already identified which of the pumps I wanted to try, by looking at the promotional material and speaking to pump users. I found lots of information on the internet – both objective and subjective comparisons. And the fact that you can get a free one month trial of both pumps reduces the risk. I had said to the clinic at the outset that I would purchase the pump – I decided that if I was able to remove a barrier then I ought to, and am fortunate that I was able to do this. I am not sure how much of a difference my buying the pump made, but my battle was to try the pump, so that is where I focused my energy.

I came back from holiday in France the day before I started on the pump and had taken the next week off as holiday – so I could do what I wanted, stay in and stare at the pump, or go out and do stuff. With hindsight, I would recommend anyone starting pump therapy to take some time off – it takes the pressure off.

Right decision

One week into the pump and I knew I had made the right decision – I felt different, I felt positive about my diabetes. My insulin needs had dropped from a minimum of 75 units per day to an average of 42 units per day, my *BGs* were smooth, and I had more energy.

Looking back I realise now that some of what I was doing with my *MDI* regime was a very crude and basic version of pumping. I always exercise first thing in the morning and, on *MDI*, had started to give myself 1 or 2 units of Humalog before exercise if my *BG* was above 10 *mmol/L* (180 *mg/dL*) – as this stopped my *BG* soaring. I would often give myself a pre-meal injection in stages if we were out for dinner and meal time was going to be extended – all little tweaks that made my *MDI* regime work better.

Pump is not less work

The pump is by no means less work than *MDI*, but the work is more rewarding. Bogus *BGs* are rare, I can look at the carbohydrate content of foods and identify precisely how much insulin I will need, without having to factor in a few extra units, just in case, exercise now reduces my insulin requirements, and does not cause soaring *BGs*! My weight has dropped 11 pounds (5 kg) in 5 months, I am eating the same way, and exercising the same, but the weight is finally moving. This year I am taking part in a sponsored run – something I have wanted to for a long time, but now, with my pump, I have the confidence to do it.

My pump is a tool that I use to control my diabetes, and, I love what it has done for my life.

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