

One in 550 school-age children has diabetes, and the number is rising. What support do they need at school? By Joy Ogden.



Children with diabetes need extra support, but they still want to be one of the crowd

Children with diabetes

CHILDHOOD DIABETES is still rare but the number of cases has tripled in the last 30 years. Undiagnosed diabetes is very dangerous, and school support staff are well placed to spot the early signs.

WHAT IS DIABETES?

In diabetes, the amount of glucose (sugar) in the blood rises too high because the body can't use it properly. Glucose comes from digesting starchy foods such as rice, potatoes, chapattis and sweet foods, and from the liver. It is normally stored in the cells as fuel for the body, with the help of the hormone, insulin.

Type 1 diabetes (insulin dependent) develops because the body can't produce insulin.

Type 2 diabetes (non insulin dependent) develops because the insulin is not working properly, or

CHILDREN find it difficult to be 'different'. Allow them to be involved in the same activities as their friends wherever possible. Enlist the help of the school nurse to improve awareness among classmates. Don't try to keep it a secret, the child needs to know it is not something to be ashamed of, but keep a balance with the child's right to privacy. Make sure that everyone knows what a hypo is, and understands who to call or what to do.

Diabetes UK: www.diabetesuk.org.uk – or 0845 120 2960 – has a leaflet for school staff and an awareness poster. You can download the leaflet from the resource page of www.learningsupport.co.uk.

because there is too little for the child's needs.

Most children (90–95 per cent of under-16s) have Type 1 diabetes, which normally means they need daily insulin injections, blood glucose level checks, and regular food. Children with Type 2 diabetes are usually treated by diet and exercise alone.

DEALING WITH DIABETES

Most younger children have twice-daily longer-acting insulin, and it is unlikely they will need injections in school hours. They need to ensure their blood glucose levels remain stable by checking a small sample of blood and regularly monitoring it. Most older children (around age nine) can cope by themselves and just need somewhere suitable to go, but younger children might need an adult's help.

Children with diabetes should be supported by a specialist child diabetes health team. School staff who agree to give blood glucose tests or insulin injections must be trained by an appropriate health professional.

Children with diabetes need to eat regularly, which might mean snacking

SYMPTOMS – either individually or combined – that might indicate low blood sugar:

- hunger
- sweating
- drowsiness
- pallor
- glazed eyes
- shaking or trembling
- lack of concentration
- irritability
- headache
- mood changes (especially angry or aggressive behaviour)

Some children may develop high blood sugar levels (hyperglycaemia) and need frequent trips to the loo or become very thirsty. If you smell nail varnish remover (acetone) on the child's breath seek urgent medical attention.

in class time and certainly before PE. Strenuous exercise or a missed meal can trigger a hypoglycaemic episode (a hypo), during which the blood glucose level falls too low. You must give glucose tablets or a fast acting sugary drink immediately if this happens. It is important not to leave the child alone. After 10 to 15 minutes, when the child has recovered, slower acting starchy food, such as a sandwich or two biscuits and a glass of milk, should be given.

Call an ambulance if the child takes longer than 10–15 minutes to recover or becomes unconscious.