

CAMP FOR DIABETES: OBJECTIVES AND OVERVIEW

Prof. MMS Ahuja, FRCP, FAMS

Dean, Professor and Head, Department of Endocrinology-Metabolism-Diabetes,
All India Institute of Medical Sciences, New Delhi-110029, India.

Camp for diabetes provided children and youth a combination of (i) facilities for acquiring further information on diabetes and learning means to achieve and assess 'optimal' metabolic control, and (ii) holidaying opportunities. The latter possibly made the project and environment conducive to the former.

Planning

This included working out costs, strategies for funding, mode of travel, choice of climatically and operationally suitable site and accommodation facilities for recreation, camper strength, and recruitment criteria. A coordinated team work with a staff comprising physicians, nutritionists, nurses, health educators, parent representatives, patient representatives and other volunteers was organised (total health team). A typical day schedule was formulated for provision of educational inputs, time for health check-ups and leisure time activity.

Performance

Camp activities included learning periods, supervised meal intakes and recreational activities including sports, outing and picnic. Assembly periods (camper and staff) seemed more rewarding; these included thought for the days to reinforce positive health and life attitudes, discussions for dispelling disbelieves, sharing experiences (with other diabetic children) and family orientation (for updating parents information). Mixing with nondiabetic children, comparison and collective action facilitated the acceptance of same food and physical performance. Diabetes medical care team provided a complete back-up for all medical events: severe hypoglycemia necessitated intravenous glucose infusions in 4 subjects: unaccustomed activity, cramps and myalgic pains (2), infections (latent to overt) (1), and psychological problems (hyperventilation, emotional lability) (2). were encountered. Catering was based on preplanned nutritionally balanced and adequate menu and evolvment of strict dietetics and supervised intake; the issue of portioned service versus free choice (buffet) was controversial; delay in service, decreased palatability and ensuing food rejection were some of the observed problems.

Accomplishments

Camp provided a brief but intensive exposure on the ways for the care and control of diabetes, focusing attention on the young and tender age of the recipient subjects (However, we do realise the need for continued and ongoing reinforcement and health care support demanded by this life long malady, especially when it afflicts in early years and prime of life). Gaining of self confidence in travel, staying away from home conditions and learning self-management (self injection in all now) were achieved, though possibly to varying degrees. The important role not only for the specialist physicians, but also of the diabetes nurses, nutritionists, and health educators in the success of diabetes care was realised (team effort mandatory). Over all attitudinal changes were brought out by the experience of living together, and amongst the peers, while attaining a positive concept to live a full life despite diabetes mellitus ("Let not diabetes control you, but you control your diabetes" as one young diabetic camper put it). Over-sounding success could be guessed from the question every participant has been asking "When is the next camp?. It shall be soon.