



COMMENT

“I’m not alone”—my take-away message from the *My Friend Diabetes Camp*

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At the end of our 6-day summer camp for diabetic children, each participant was asked to share their feelings about their experience. The most impressive response came from a 16-year-old girl living with type 1 diabetes (T1D): “I’m not alone,—that’s the message I’m taking home with me.” This was also the simplest but most heartfelt answer elicited at the 23rd annual *My Friend Diabetes Camp* held on July 7–13, 2019.

Every July (since 1996), the camp staff—which include dedicated physicians, nurses, dietitians, and psychologists, all actively engaged in improving the health of diabetic children, as well as medical school students and young guides with T1D—come together with up to 90 diabetic children (8–18 years of age) from all over Turkey on the shores of Lake İznik. İznik (historic name Nicaea) is a legendary historical region famous for its ceramic tiles and pottery. Through the Roman, Byzantine and Ottoman periods, it was not only the site of the first convention of the ecumenical council of the Christian church but also the very first Turkish capital city in Anatolia. The city is practically an open-air museum, with the immense sense of history along with the hypnotic view of Lake İznik, impressing and mesmerizing all visitors.

As the term “camp” echoed some kind of refreshment, recreation and entertainment, some of our colleagues expressed their wishes for a “happy holiday” before we set out. A Turkish proverb says in literal translation, “Drums sound pleasant from a distance.”, which draws attention to what is beyond the external appearance. The team members were all aware of the full responsibility they had for 90 diabetic children. We had undertaken a very serious task involving a long list of items, each of which would play a critical role in the children’s lives. Living with diabetes should be improved for each child through education in all aspects of their lives: their life-long diseases, self-management of nutrition and insulin doses, new developments in diabetes technologies, adopting appropriate life-style modifications and adaptation to live normal lives. Thus, entertainment in the context of a summer camp would be of little importance. We knew that the camp days would not be easy, but tiring. Yet, this kind of tiredness would fall off our minds and hope and love of duty would conquer.

Upon arrival at the camp location on Sunday afternoon, the seniors began to introduce the place to the participants along with necessary instructions about their stay and accommodation. But the addressees were too busy looking around in fascination: on one side was the beauty of Lake İznik, and on the other lined the beach, a long pier, walkways, plenty of sport equipment and facilities, and pretty apart buildings, all mixed pleasurably in greenery. The children were at last convinced to go to their rooms

for settlement. After a short while, we all gathered for a welcome meeting. This was not only to make the children acquainted with the camp rules and the team members, but also to learn what the children were expecting from their stay. As usual, children often hesitate or don’t want to talk at such meetings because of the first day’s timidity and shyness. This time, one of them confidently launched into conversation: “I came to the camp to learn about carbohydrate management”. We all would expect to hear “carb counting”, but with the term “management” that child showed how smart he was. Indeed, “carb management” was a more comprehensive definition that includes—in addition to “carb counting”—matching and synchronizing insulin injections with foods to be taken, i.e., taking fast-acting insulin injections 10–15 min before meals with special attention to the glycemic index of carbohydrate sources. We all decided that, from now on, “carb management” would be integrated into our nutrition education sessions.

Naturally, nutrition education is the cornerstone of education at our camp, for which five dietitians are watchfully in charge of providing information on better and more flexible nutrition as well as on nutritional regulation. In addition to nutrition and carb management education, our camp’s education program focuses on self-management of T1D, living in peace while successfully coping with diabetes, glucose monitoring and adjusting insulin doses, the insulin pump and new technologies, management of hypo- and hyperglycemia at home, and T1D and exercise. One might feel that such comprehensive education programs might exceed the assimilation capacity of children. This may be true for school settings, but in a highly concentrated setting like our camp, children have always astonished us with their brilliant capacity of learning and absorbing information. Our motto, which is inscribed in the minds of our children, has always been “Think and act as a ‘pancreas’.”

The camp day begins every day at 7:30 a.m. with blood glucose measurements and adjustment of insulin doses and injections. The camp staff never decide the insulin doses of the children on their own, but try to incorporate each child into reasoning as to the appropriate adjustment of their individual doses. The insulin injections are rapidly followed by breakfast. Then comes the mindfulness session, which was a new activity for the camp, carried out by a psychologist of the team to help campers focus on their bodies.

Following mindfulness sessions, the children are very excited to enjoy the rest of the day, with a wide variety of sporting and recreation activities (e.g., swimming, basketball, football, volleyball, etc.). Some children need swimming training. Some are more

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interested in pool games. With an outdoor disco and dancing, their joyfulness reaches the climax. They also enjoy watching a slide show of their photographs taken during the day. It is not surprising that the increased intensity of these activities may be at the expense of the health status of the children, with increased hypoglycemic events, eventually leading to overconsumption of fruit juice and other simple carbs. Fortunately, due to our recommendations and education sessions, the children tended not to drink too much fruit juice this year; so in the context of over-correction of hypoglycemic, the incidence of hyperglycemia following hypoglycemic was rarer than observed in the previous years.

Other appealing activities involved talks featuring some good role models living with T1D. A famous marathon runner with T1D involved the children in a short run and, on another day, in a march to raise awareness about T1D. A professional basketball player with T1D also joined this march along the streets of Iznik (Nicaea), with the children holding placards and signs describing diabetes or messages about T1D (e.g. *I am not sick, I am just a diabetic*). On the last day of the camp, an endocrinology professor, who has had type 1 diabetes since the age of 16, spoke to the children and gave a brief account of his life story with T1D. These outstanding figures living in peace with T1D are not only good role models but also heroes and icons for the children. They are the living proof that having T1D is certainly not an obstacle to leading a good, successful and healthy life.

Giving a brief outline of this year's diabetes camp experience will inevitably be skimpy without mentioning the superb idea of incorporating university students and medical faculty students with or without T1D into our team as guides. They really did great work in involving themselves devotedly in all activities for the

children, sometimes acting as teacher aides, sometimes as elder sisters or brothers, and sometimes as real peers. They worked just like ants or bees, with full awareness about organization, responsibility and deeds. We seniors are sincerely indebted to them for their endeavors to take care of the children and to create and enhance a very friendly and warm environment. Eventually, diabetes was translated into a "friend" in the minds of all children, as in the designation of "My Friend Diabetes Camp".

Unfortunately, all good things must come to an end. The camp life was so encompassing that it seemed to all of us that it lasted much longer than only 6 days. Again, one medical faculty student expressed this feeling wondrously, "The more you put in, the longer it seems to last". Our goodbyes sounded sad but were reflecting happiness and hope. Last photograph taken before leaving the camp was of a 9-year-old girl and of her message written on a display board: "Diabetes: we should be knowledgeable as it will never end, we should be hopeful as it can be cured tomorrow." Could there be a better description of the goal of "My Friend Diabetes Camp"?

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All the authors were responsible for the conception and design of the commentary, drafting and revising the commentary, and approving the final version.

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