

Letter to the editor

## “The *My Friend Diabetes Camp*” was Held Online in Turkey This Year Due to the COVID-19 Pandemic

### Hatun Ş et al. The My Friend Diabetes Online Camp

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#### Dear Editor,

Due to the coronavirus disease (COVID) 19 pandemic currently affecting the whole world, the 23<sup>rd</sup> *My Friend Diabetes Camp* this year took place on a virtual platform from 16 to 21 August. The *My Friend Diabetes Camp* has been taking place in July on the shores of Lake İznik every year since 1997. 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 (1).

The aim of the online camp also is to ensure that children and families would become friends with diabetes, create a new “normal”, continue their lives with hope for the future and obtain the most up-to-date information on diabetes. The program of the six-day camp included sessions on social and psychological issues, medical recommendations on nutrition, especially carb counting, new technologies, experiences of sporters with T1D, conversation with young people and families with diabetes, exercise and art, mindfulness sessions, kitchen workshop and finally a forum for the children with T1D and their families.

The online camp was delivered on Instagram and Youtube through eighty people acting as moderators or speakers. These platforms allowed the camp activities (which accumulated the emotions, thoughts and experiences from the İznik, Diyarbakır and Uludağ *My Friend Diabetes Camps*) to be shared across the country. The camp program and all of the activities were (and still are), freely accessible through <https://www.instagram.com/arkadasimdiyabetonlinekamp/> and [https://www.youtube.com/channel/UCdlWmUqQL7Iom\\_3ksWHuf-Q\\_](https://www.youtube.com/channel/UCdlWmUqQL7Iom_3ksWHuf-Q_).

The camp activities were launched with famous writer and museologist Sunay Akın giving a speech entitled “*Journey to the World of Children*”, in which he presented the Toy Museum. By 6pm, on the first day of the camp, 5,187 people were following the camp on Instagram and 1849 people had signed up as participants. The camp activities were uploaded to Instagram TV and have had almost 62,000 views. We shared the stories of 237 people who messaged us alongside postings of videos of 24 people with T1D introducing themselves and the pictures of 19 children with T1D. In addition, it was possible to reflect the environment of the camps to the audience through a documentary about the İznik and Diyarbakır camps (1,2), a recorded presentation and 5 videos showing pictures of camps from previous years.

The online camp provided an excellent opportunity for up-to-date and comprehensive training on T1D. Conversations usually focus on the following key topics:

- Becoming friends with diabetes and remaining optimistic; not creating a drama out of diabetes; ensuring everyone is aware that people with T1D can lead a normal and successful life; resolving problems in working life.
- Spreading the knowledge that the COVID 19 pandemic does not pose a different risk for people with T1D compared to other children, that they should be treated like their peers, and to ensure that they return to school when the time comes like other children (3)
- Providing a safe family environment for children, not overwhelming children especially adolescents, reminding participants of the temporary nature of problems in adolescence.
- Not blaming everything on diabetes and preventing burnout in children and worried families.
- The importance of pre-meal insulin administration time and insulin administration locations (the pre-meal bolus dose should be injected 10-15 minutes prior to the meal, the abdomen and arms should be used for fast-acting insulins, the hips and legs should be used for long-acting insulins) (4)
- The importance of measuring glucose level 2 hours after a meal in order to ensure that the bolus insulin dose was sufficient, as well as measuring figures such as Insulin/Carbohydrate Ratio (IC) which are used when calculating the dose (4)

- Changing attitudes on issues such as diet, carbohydrate count, the idea that snacks are compulsory or routine for children with T1D, removing or minimizing snacks with individual meal plans according to their glycemic responses, and not choosing milk for snacks at night.
- Avoiding unscientific opinions such as following a gluten-free and/or very low-carbohydrate diet, and instead following the recommendations of diabetes teams.
- Frequent and, if possible, continuous glucose monitoring, the use of sensors immediately after diagnosis; taking advantage of new technologies as soon as possible.
- Increasing state contribution to diabetes technologies, especially sensors, and ensuring equal access to technology, especially for children, and launching a strong campaign in this regard.
- Administering a correction dose when necessary and as often as possible (if the glucose value is > 150 mg 2 hours after the last fast-acting insulin dose); keeping the glucose in the range of 70-180 mg at least 70% of the day, and in the range of 70-145 mg at least 50% of the day (4)
- Keeping HbA1c at most 7%, below 6.5% if possible, (4)
- Caring about hyperglycemia at least as much as hypoglycemia, or even more so.
- The fear of having a low blood glucose level often causes the patient to begin the evening with high glucose, which negatively affects the release of hormones that will increase low glucose when necessary. Trying to keep the glucose levels of people with T1D similar to those who do not have diabetes, and relieving the fear of hypoglycemia. Not taking/giving additional carbohydrates on a routine basis, unless necessary, after correcting low blood glucose by taking/giving simple carbohydrates (juice, sugar cubes or glucose tablets).
- Thinking of regular exercise as a “third insulin” and making it a part of daily life.
- Understanding the “mathematics” of diabetes and learning to give insulin like the pancreas.
- People with T1D need to evaluate their own data for at least 2 weeks and pay attention to when their average glucose is below 150 mg, listen to themselves and master the management of their diabetes through their own experiences.
- Updating people with T1D and their families’ information on diabetes, for example by following the [www.arkadasimdiyabet.com](http://www.arkadasimdiyabet.com) website.
- Being positive and supporting children with diabetes and their families around us; participating in solidarity networks.
- Reinforcing the opinion that the most important steps to be taken in diabetes care in our country are: to strengthen diabetes teams, to resolve the problem of the lack of dietitians and psychologists, and to support team members in terms of their personal rights.

The *My Friend Diabetes Online Camp*, which was supported by 9 international diabetes experts and researchers via video records (Ragnar Hanas, Eda Cengiz, Kaan Aktürk, Aaron Kowalski, Michael Riddell, Bruce King, Carmel Smart, Megan Paterson, Michelle Neylan), was announced to all members of the International Society for Pediatric and Adolescent Diabetes (ISPAD) through its August news bulletin (5). The closing evening ended with music by pianist Gülce Sevgen, who has T1D, and a forum attended by guests from different parts of Turkey and the USA. While the COVID 19 pandemic caused many negative impacts, it also opened new horizons in innovating the online platform. The “My Friend Diabetes Online Camp” presented an opportunity for nationwide interaction and was a perfect example of this innovation. Nonetheless, it is still our greatest wish to be able to deliver our “My Friend Diabetes Camps” on-site next year.

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