Type 1 Diabetes with Emma Cathro

Speaker 1:

Welcome to the Sunflower Conversations where we explore the hidden disability sunflower and its role in supporting people with hidden disabilities.

Chantal Boyle:

Welcome to the Sunflower Conversations with Chantal. I am joined by our sunflower friend, Emma Cathro. Emma has recently graduated with a first class honours in German and sociology from the University of Aberdeen and is now a research associate. Emma also has type 1 diabetes and is going to share her story of living life with the condition. So thanks for joining me, Emma. How are you?

Emma Cathro:

Thanks for having me. I'm very well, thank you. How are you?

Chantal Boyle:

I'm good, thank you. So could we start off by you explaining what is type 1 diabetes and how does it affect you?

Emma Cathro:

Yeah, sure. So type 1 diabetes is an autoimmune disease. It is when... so, Your pancreas creates a hormone called insulin and if someone has type 1 diabetes, then your immune system attacks those insulin cells so that they can't work and they cannot control your sugar levels. So if you are type 1 diabetic, you have to then take insulin either in an injection with pens or via an insulin pump so that you can try and control your sugar levels. So basically you have to be your own pancreas because your pancreas won't do it for you.

Chantal Boyle:

I see. Okay. And how old were you when you discovered that you had diabetes? What led you to get that diagnosis?

Emma Cathro:

So I was very young. I was eight. I was a month short of turning nine because I remember telling all the doctors that when I was there, that it was my birthday soon. So we think that I probably had diabetes for at least three months. I was showing symptoms of, but we didn't know that's what it was and because as an eight year old, you have a busy life, you're growing. Things maybe that seem unusual, maybe weren't unusual as an eight year old. So I didn't feel massively unwell. I do remember a few times I would say, "Oh, I wasn't feeling well. I was maybe feeling a bit dizzy," but nothing massive. A few times I would be out with some friends. I remember one time specifically, it was one of my friends' birthdays and we went out swimming and then to a theme park and during the swimming, I did not feel well.

I felt really unwell. And my friend, whose birthday it was, her mom was a nurse and she was like, "Oh, just have some fruit pastilles, you'll feel fine." And I did. And boom, half an hour later, I felt fine. So now I know that actually my blood sugar was low and just because she happened to give me some sweets, I felt fine again. And then there were some other more, what I now think are obvious times. I was drinking a lot more. I was so thirsty all the time. And then because I was so thirsty, I was going to the toilet all the time. I remember at school, I just didn't like going to the school toilets. I don't know why, I didn't like it. And all of a sudden I felt I had to go because I usually would've avoided it. But I had to go to the toilet all the time, which my teachers were noticing as well.

And again, in the mornings, I was drinking loads, which I normally wouldn't do because I didn't drink in the morning so I didn't have to pee at school. I started doing that and just generally drinking a lot more. I started to wake up in the night to go to the toilet, which I was always sleep through the night. I would never wake up. So obviously the result of that, but I think the biggest sign that my mom finally noticed that something really wasn't right here was at the start of the summer we went down to visit my auntie in England and she bought me my first ever pair of jeans, which I thought was amazing. I was a cool kid. I now had jeans. I was really cool. And then come, I think it would've been the start of September, every September we would get family photos done.

And of course, I wanted to wear my cool new jeans because I hadn't really worn them much because I was told I had to keep them for good. So I was like, "Okay." So I was allowed to wear them so I was so excited and I put them on and they just fell off me. They did not fit. I'd lost so much weight over the summer, but we hadn't really noticed because as an eight year old, you're kind of growing anyway. So we hadn't noticed the extent of how much weight I'd lost until I tried to put these jeans on and I couldn't.

I was just sad I couldn't wear my jeans. But obviously there was a lot more of a serious problem going on. So my mum thought with the weight loss, the kind of feeling unwell, the drinking and going to the toilet more often, that I maybe just had some kind of urinary infection, something like that. So she phoned up the doctors and they agreed. So we did a urine sample and we put it in the morning and I'm pretty sure by the afternoon they phoned back, "You need to come in right now." So we went in, I think we did a few blood tests and then I was sent up to the hospital that evening and they diagnosed me.

Chantal Boyle:

So it seems to have been quite a rapid acceleration.

Emma Cathro:

Yeah, definitely. Yeah.

Chantal Boyle:

And the symptoms weren't sort of lingering for years as such?

Emma Cathro:

No. I mean, as I say, when I look back now, those probably about three months before it, there definitely were signs. How long it was actually going on before that, can't be entirely sure.

Chantal Boyle:

Yeah.

Emma Cathro:

But yeah, definitely a couple months.

Chantal Boyle:

So is it hereditary, in your family?

Emma Cathro:

So type 1 diabetes can be. As far as we're aware, I'm the only one in my family, so we're not entirely sure. I know they're doing a lot of research into how type 1 diabetes does appear. I'll say it can be heriditary. I know of other people who their parents also have it, their grandparents also have it. But no, for us, it is just me.

Chantal Boyle:

Does it tie in with other autoimmune diseases? Do your family have any other autoimmune diseases, not diabetes? No?

Emma Cathro:

No.

Chantal Boyle:

And so you were eight. Are you early twenties now?

Emma Cathro:

Yeah, I'm 23 now.

Chantal Boyle:

23. So knowledge of the condition, it was quite quickly to be diagnosed really. You went, you had the urine test, and did you feel like there was support for you because you were quite young at that point? Did you feel that there was support for you to navigate this new condition that you found yourself having?

Emma Cathro:

I mean in terms of outside support, I do remember there was not a community group as such, but there was a parent support group that then also obviously met up with the kids. There was maybe only a couple of years and we only met up maybe once or twice a year. There was a summer picnic, but I don't remember there being a massive amount of support. I mean my parents were a great support as we all kind of had to figure out together. My mum kind of knew of diabetes, her old flatmate was type 1 diabetic but I mean that was talking 20 years prior and my mum wasn't involved in the day-to-day things that she had to go through. And obviously technology and just the condition and the understanding had changed so much from then anyway. So even if she had know what, I'm sure it would be different anyway. So she had a bit of an awareness. She kind of knew it, but she didn't fully know.

Chantal Boyle:

Can we talk about that, the day-to-day? How do you manage it? You mentioned there's a pump or there's injections. So would you mind explaining to me what is a day like for you?

Emma Cathro:

Yeah, so it's a 24/7 condition. Let's say you are basically having to replace an organ. You're having to be your pancreas. Well, I'll go back to when I was first diagnosed. When I was first diagnosed, I was put on insulin pens, which is an injection pen. And I had a finger test kit where I had to manually prick my finger, take out some blood, put it in a test strip, put it in a meter, and it would tell me the blood sugar. When I was first diagnosed, it was more strict I guess as I was still trying to find a routine, find what worked so I was very limited in what I could eat and when I could eat it. There was no more snacks anymore, which I didn't like as an eight year old.

Chantal Boyle:

That's so harsh. As an eight, nearly nine year old, that's really harsh.

Emma Cathro:

And my dosage of insulin was the exact same every day so I would eat the exact same things or similar things most days. So each meal, there was an injection and a finger test.

Chantal Boyle:

You have to do that three times a day?

Emma Cathro:

Yeah. So there was the three times a day for the insulin that you're eating with, so that was a rapid acting insulin. And then in the evening, you'd also take a long acting insulin. It would use its effect of trickling over the next 24 hours as a kind of background base. So there would be at least four a day. If you wanted to eat more often you could, but you would take another injection, which I didn't want to do. The only time you could eat a bit more is obviously if your blood sugar dropped. Then you would need to eat something to come back up again. So I was on the pens and the finger tests until just before I started high school, so a good for four-ish years. And then I got moved onto an insulin pump, which I'm still on now. So the insulin pump replaces having to do injections and it means I could snack again, which was great. I can show you actually.

Chantal Boyle:

Yeah, can you do well... Yeah, describe because we're in an audio-

Emma Cathro:

Oh yeah, of course.

Chantal Boyle:

Format. Do show me as well.

Emma Cathro:

I mean this is my insulin pump.

Chantal Boyle:

It looks like a little I... It looks like the first iPod.

Emma Cathro:

Yeah, it's like what iPods used to look like.

Chantal Boyle:

Yeah.

Emma Cathro:

So it's a little bit smaller than your phone. But there's different ones, different makes that are a bit smaller. So mine is connected with a tube and then there's a cannula that goes in. I usually have it on my stomach, but you can have it on your legs, on your back. But there's other types of pumps that you can get that actually stick on. There's no tubes, it just sticks right on you. And so you might see them on people as well. So that whenever I eat now, I just use the buttons to dial up how many carbohydrates I'm eating, what my current sugar level is, and then it knows all my settings because we had to figure that out. When you get put on the pump, it figures out your sensitivity and your different ratios and then it figures out exactly how much insulin to give me rather than I have to eat a certain amount at a certain time with a certain number of units on a pen.

So it just gives you that freedom to eat when you want and eat different things. And also it's coonstantly, I think it's every 90 seconds, it'll make a little click and that's giving me a tiny little bit of insulin because if you remember, I said there was the pen I had in the evening that was a long insulin that would work for 24 hours. So that's like what this does. It just trickles away all the time. And so that's really good as well. And it's a lot easier to try and change your ratios on this rather than figuring it out on a pen. And there's lots of different calculations that I never understood. So that's the insulin pump for you.

Chantal Boyle:

Well, I've got two questions. So one, you mentioned that you have to input how much carbohydrate you've had.

Emma Cathro:

Yeah.

Chantal Boyle:

How do you work that out?

Emma Cathro:

Sometimes it's a bit of a guessing game. I remember there used to be a book, I think it was called Carbs & Cals. There was this book that we were given and it had loads of different foods in it. If I have an apple, how much an apple would weigh on average and then how many carbs on average would be in that apple. So there was lots of different examples in there. Otherwise, on food packaging, in the nutrition table, it'll have the carbohydrates on there.

Sometimes it's just like per hundred grams and what you're eating is not a hundred grams, so you do have to do a bit of figuring out there. I would say that a lot of the time, I don't actually trust what is on the packaging because I take what it says and then I end up either way too high or way too low because it's not actually being that accurate. So I think as well I just kind of have a general knowledge of how much really is in each thing. I know in one bit of bread, I mean brands may vary, but on average it's about 20 for one piece of bread, something like that. I just know.

Chantal Boyle:

Your pump, is that waterproof? Can you go swimming with it?

Emma Cathro:

It is waterproof. I've never actually kept it on, when I've gone swimming. Although to be honest, I don't swim that often. I think it's waterproof up to 10 meters or something. But it is on 24/7. You have it on when you're sleeping, you have it on the day, you have it on no matter what you're doing. But you can unclip it if you want to. For going in the shower, for example, it is waterproof. You're not going to hold it the whole time. So you can clip it off and then you have another little clip to seal it up just so that you don't get water going in through the cannula.

Chantal Boyle:

Yeah, yeah. And was that painful to have that fitted?

Emma Cathro:

No. So I maybe should explain it more in bits. I change it every three days. I do it myself. The cannula, I think it's 0.6 millimeters deep. It's really not that far at all. So yeah, I change it myself every three to four days. You have to fill up an insulin vial, you have to put it into the pump, you have to prime all the tubing to make sure the tubing's not blocked or anything like that. It's just a little contraption device that you just push a button and a needle will go in with the cannula just to pierce your skin and get it in. But the needle comes right back out again. The needle does not stay in you the whole time. It's just used to get the cannula in and then you're all set for a couple of days.

Chantal Boyle:

So this is a good advance in technology as far as you are concerned with having more freedom?

Emma Cathro:

Definitely, yeah. I should say as well, I forgot to mention, I'm also on FreeStyle Libre glucose sensor. So I don't do finger tests anymore. Well, if my doctor asks, I do, I'm doing finger tests. So it's a little circle on my arm. It's not very thick at all. It's just a little white circle. Some people put stickers on them, but more often not, it'll be on the back of someone's arm. Again, it's like the meters we used to have for our finger tests. But you can use that or there's an app on your phone. That's what I prefer to use just because I've already got my phone. It's just easier to, rather than having to carry your phone and the meter. So I use my phone and I just press the button, scan my arm, and it'll tell me what my sugar level is.

And it puts on a nice graph, it has arrows, whether your sugar is climbing or dropping or if it's quite stable just now. And the great thing on it, as well, it also has alarms so you can set a base like a low alarm and a high alarm. So if your sugar passes either of those, whether it's too high or too low, it'll alarm and it'll let you know that you need to scan and you need to have a look at what's happening. And another great part of it is that your friends, family, whoever you want, they can also download the app and they can receive the alarms.

Chantal Boyle:

That's really good, isn't it?

Emma Cathro:

Yeah. So I have it set up. So I live with my boyfriend now. So I also have it set up on his phone because, say, it did go low and if I was really, really low, then potentially I could faint, I could pass out. So if it was to constantly be alarming that I'm low and I've not cleared the alarm, then he would know, "Okay, she needs help, I need to go see what's happening." Thankfully, that's never happened. But it gives him peace of mind as well that I'm okay.

Chantal Boyle:

That's a really good sort of, I don't know, expression is fail-safe but really, really important. So let's talk about the dangers of not managing your levels properly.

Emma Cathro:

There's quite a lot there. If someone is new to being diabetic, I would not recommend Googling it because you will get scared. There are horror stories and yes, I think bad things can happen, but it doesn't mean it absolutely will. I think that it took me a while. When I was getting a bit older and I could understand the condition more, I did get a bit freaked out, being like, "Wait, what? What's going to happen to me?" If you really, really don't control it and your blood sugars are either consistently too high, consistently too low, or just a rollercoaster of the both of them, it's really not good for your overall health. It can then start to affect your other organs as well. It can lead to kidney problems, you can end up with blood circulation problems. Some people have to get feet and toes amputated because the blood circulation's totally gone. It can be up at the top as well in your eyes. It can affect your vision.

If your sugar levels aren't well controlled, it can affect the nerve endings in your eyes as they're not receiving the blood flow properly. So it can lead to either distorted vision or even blindness. So it really can be serious. If your sugar levels are too high consistently, it can lead to a diabetic coma. It's called diabetic ketoacidosis. I know the short form is DKA. I can't remember what it stands for. But you can end up in a coma if your sugar levels are too high because your body just can't function with so much sugar.

Chantal Boyle:

Actually, I think I've heard that when you go for your eye checkup, that they are able to detect things like diabetes, aren't they, through the eye health?

Emma Cathro:

Yeah. 'Cause as part of my routines, I get an eye check every year just to check how my vision is doing because yeah, they can tell with the nerve endings.

Chantal Boyle:

Have you had experiences where you haven't managed it properly and you have fainted, apart from the fruit pastille experience before you got diagnosed?

Emma Cathro:

I have been known to be a bit of a fainter. Not always because of diabetes. Sometimes I just get a bit squeamish and I'm on the floor. I think it's maybe only once or twice I've actually fainted from a low blood sugar. I do get quite shaky and it can feel dizzy but not fully having passed out. But thankfully I've always been able to be quite well-controlled. I mean there's always good and bad days, but never had to be hospitalized again since my original diagnosis.

Chantal Boyle:

That is good. So the tech that you've got, and you obviously are knowing your carbohydrates quite well because it sounds like the dangers of not managing it properly are critical.

Emma Cathro:

Yeah, it can.

Chantal Boyle:

And how has type 1 diabetes affected your education and social life? When you first were diagnosed and having to do the pens and everything and it sounds like it was quite restrictive of eating the type of foods at a certain time every day, what impact did that have on you?

Emma Cathro:

It definitely made me feel different than other kids. And I suppose now I don't see it as much of an extra thing because I'm just so used to it. I don't remember a time without it to be quite honest, which is a good and a bad thing. But I suppose it just made me maybe more cautious than other kids my age were. They would just eat wherever they wanted and I wouldn't or couldn't. I mean a few times obviously I did think, "Eh, okay, I'm just going to eat it," and I had to pay the price later. But that's just what I did and I learned the hard way that that's not good because I'll just feel really, really rubbish later when my sugars are way too high.

Chantal Boyle:

Yeah, you had to kind of do it for yourself, get there?

Emma Cathro:

Yeah.

Chantal Boyle:

Around time sort of thing.

Emma Cathro:

But I wouldn't say that it held me back in any way. Everyone around me has always been really supportive about it and really understanding and yeah, I don't think it's held me back in terms of education or social life. Just a little bit more cautious I guess.

Chantal Boyle:

Do you drink alcohol?

Emma Cathro:

I do, but not massively. And that's probably because of being diabetic. So alcohol can really, really mess up your sugar levels. When you drink alcohol, it initially makes your blood sugar spike more, for me anyway. One time I spiked more than triple the recommended number of your sugar levels to be so you really, really can spike, especially with spirits. And also if you're having fruit juice, they're really high in sugars so that's just going to put you right up. But then the thing with alcohol is you initially spike but a couple hours later, you will pummel to the floor. You'll be so, so low. So you really do have to be careful with what you drink and make sure that you're eating with it as well and trying to avoid the high sugar drinks if possible or the spirits and things if you can avoid them. Not that I do that but you should avoid them. And then to make sure that you eat something, even if your blood sugars have already gone high, make sure you eat something that is full of carbs because you will still drop anyway.

There was one time I'd gone up, so the recommended blood sugar is between four and eight. For most of the time, that's the numbers. And my sugars were already up at 16 from having some alcohol. I had a really big portion of chips on this night out. On the way home, I had a portion of chips because I knew I needed something carbic and in the morning I still dropped way down to 2.5 and that was on top of being at 16, having loads of chips. So if I hadn't had the chips, I would've been even lower than 2.5, which is already very danger low if you're going any lower than that. So yeah, it can definitely be a juggling act, having a drink, which is why I don't do it very often. But I know of other people who really do like a drink and they have a much better routine figured out because of that. So it definitely is possible to try and find a way that works for you.

Chantal Boyle:

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Particularly with the equipment that you've got, your arm and your pump, do you experience problems when you are traveling? I know that you've done a lot of advocating for save travel and you offer tips and advice for other people who may have diabetes or other non-visible conditions and things for them to think about but would you mind sharing with me, what are those considerations that you have to take?

Emma Cathro:

Yeah, so the main thing that I've always found is going through airport security with an insulin pump, with insulin vials, with insulin pens, with needles. Especially I think when I was first diagnosed, so we're talking 10, 10 plus years ago, there was not as much of awareness of any hidden condition. So trying to go through an airport with these things, the security, they were quite rude about it. They didn't understand it. They didn't seem to care that I was only, well, 8, 9, 10 and I was just trying to get through a metal detector, but it would set it off or you had too many liquids and they had all these questions and it really was quite off-putting in that, "Why can't you just be understanding? It's not my fault, I have all this stuff with me. I wish I didn't have to have this stuff with me, but I do."

And you're just trying to get through in an airport. It's already quite a stressful, busy place anyway. So yeah, the kind of interrogation that you got just for having your medical equipment, whatever that may be with you, was really quite mean and not very nice to go through. So obviously now when I've got the pump as well and the center on my arm now, I understand that they have to be a little bit cautious of any devices that are coming through, I totally understand where they come from, and it's definitely got better over the years.

But the very first time that I was going through the airport with my insulin pump, would have only been about 13, 14 and it was like I was trying to bring through... I don't know what they thought I was bringing through. It's like they thought I was bringing a bomb, I was not. I'm a child, it's just an insulin pump. I think just because they hadn't seen one, insulin pumps were kind of new at the time, I was lucky that I got on it quite early, so they had no idea what it was. They wanted me to take it off. I didn't want to take it off. They wanted me to press all the buttons before they even touched it. They wanted-

Chantal Boyle:

How old were you at this point, sorry?

Emma Cathro:

I would've been 13 or 14.

Chantal Boyle:

Oh gosh. So subconscious, while at that age-

Emma Cathro:

I remember I was with my family, we're clearly going on a holiday and they just really didn't want me to go through with this insulin pump. I had a doctor's letter with me, I had all my stuff with me, it's attached on me, I'm willing to hold it and I'm pretty sure they ended up having to get a manager or something to come and see that it wasn't-

Chantal Boyle:

Which airport was it at?

Emma Cathro:

Pardon?

Chantal Boyle:

What airport was that at? Do you remember?

Emma Cathro:

That was Edinburgh at the time.

Chantal Boyle:

Edinburgh.

Emma Cathro:

But I will say Edinburgh airport is a lot better now.

Chantal Boyle:

Yeah, good. They are members of the Hidden Disabilities Sunflowers.

Emma Cathro:

It's got a lot better now. And I think just with the general that so many more diabetics are on the pumps, that there will be more going through so it's not as unusual. It is more common to see them so I don't think it's those questions like, "Oh, what's that? I've never seen this." I'm sure they now see them on a daily basis I would hope.

Chantal Boyle:

Yeah. How does it work? So you've got your pump, but I presume you have to get the insulin and pour it into the pump or it just comes with one unit. Once it's empty, then you then change the cannula and the pump.

Emma Cathro:

So it's got a reservoir, you have the little plunger, and it has a needle on it and you put it into the insulin vial and you just pull it back and fill up the reservoir and you get a little lid that clicks on and the tubing comes out of that. So then that little reservoir fill of insulin goes into the pump and then you attach it on.

Chantal Boyle:

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Emma Cathro:

Yeah, you would take a couple of vials. So the vials that I have are 10 ml vials. So they're under the... Because if you are traveling with an airport, you're only allowed a hundred mls, so you can take them, but then they're meant to be kept in the fridge. So I have these, they're called FRIO bags or cool packs that are for keeping medical equipment and supplies cold that need to be refrigerated as I'm sure there's many other medications as well that need to be. So it's supposed to stay in that so that it stays cold. Sometimes some airports can be a bit like, "Oh, what's that? Why is it wet?" Just a cool pack. So yeah, sometimes they insist that you move the vial into your little clear bag whilst it goes through and for, what, the whole two minutes that it's out, it will be fine.

Chantal Boyle:

Yeah, yeah.

Emma Cathro:

So you do have to take quite a few vials with you.

Chantal Boyle:

So do you think that people know enough about it? For example, I keep thinking back to the fruit pastille scenario, but then also thinking about when you went out with your friends and you were doing what you could try and balance it. Is there ever a time where giving somebody, well presumably there is a risk, giving you a fruit pastille would be the worst thing to have?

Emma Cathro:

Oh yeah.

Chantal Boyle:

How would I know... because I have been in a company a couple of times of people, not friends of mine, just sort of strangers and they've started to present a bit, they're shaking a bit, and you can see that there's a whole body experience going on and maybe a little bit faint and they need to sit down. And in both of those incidents, I have offered to get them a sugary tea. When is the right time to offer a sugary tea? And if your sugar levels are too high, what can be done?

Emma Cathro:

So if you don't know the person well enough to know their symptoms, it can be hard to know if someone is experiencing high blood sugar or low blood sugar if they're not feeling well. So if you don't know and they're not able to tell you, then you would definitely need to figure out what their blood sugar is before you do anything. I think a lot of people, maybe more so when the insulin pen injections when they were more the thing, I remember a lot of people were also, "If you're unwell, I'll just use your own pen and give you an injection." They're thinking along the lines of an EpiPen for an allergy. "I just stab you with it and give you insulin and you'll be fine."

And I'm like, "Well, no, because if I collapse it might be because my blood sugar was low. So if you give me insulin which lowers your blood sugar, that's going to make it worse." You definitely don't want to do that. But again, if someone collapses from a high blood sugar, which isn't as common, I don't think, but absolutely could happen, or someone might be unwell enough that they can't really talk properly and communicate very well, then obviously they would need insulin and not a sugary tea. So you definitely would need to try and figure out their blood sugar, whether that's with the finger test meter that they have to do one on them or if they have some form of sensor to try and check on that what they are before you did anything. Because yeah, if you don't know which way it is, then you could potentially be making it worse even if you're trying to help.

Chantal Boyle:

Yeah. And presumably unless that person has lost consciousness, they will have-

Emma Cathro:

Yeah, they should-

Chantal Boyle:

Knowledge of their own body.

Emma Cathro:

A lot of diabetics know exactly what their signs and symptoms are and can act upon it either at the time we try and prevent it. There's a real push to get a lot of diabetics on the glucose sensors that can alarm you so that hopefully these scenarios don't happen. Or if they do, it's a lot easier to see what is happening, especially if you've got it set up to alert your friends and family, then they instantly know which one it is. But yeah, diabetic themselves will know their own symptoms and how they're feeling. Although in saying that, once you've had the condition for quite a long time, you kind of lose those senses a little bit. Especially if you are not very well controlled and you're constantly up and down, you'll lose the sense of it because it's so normal that you're not able to detect it as much anymore, if that makes sense. So I can still detect when I'm going low. I feel it. It's a really weird feeling.

I don't really know how to describe... So low blood sugar is hypoglycemia, so a lot of people just call them hypos. I cannot try and explain what hypo feels like. It's just such a weird feeling. But I definitely go a bit shaky. I can get very sweaty, very hot, and if it gets really low, I don't make sense. I'm trying to talk, I'm to tell people, but my words will just get a bit, not slurred, but a little bit muddled and I can't really think properly. All I can think is sugar, I need sugar. But I can't really feel it when I'm high anymore unless I notice that, "Oh, I'm really, really thirsty." And then I'm like, "Wait, am I just high or-?"

Chantal Boyle:

High, is the-

Emma Cathro:

"Thirsty?"

Chantal Boyle:

Yeah, so high is the unquenchable first?

Emma Cathro:

Mm-hmm.

Chantal Boyle:

Right. Okay. So do you have in your bag, I don't know, a potato or some fruit pastilles or something?

Emma Cathro:

All of my friends know that there's always sweets in my bag. There is always sweets or chocolate or I have gluco tabs, which are literally just these little tablets that are just sugar sweets. They're not the best flavour but they do a really good jobs at-

Chantal Boyle:

I think I've seen those. They sell them in the chemist, don't they?

Emma Cathro:

Yeah, they sell them there. I get my on prescription. But yeah, you do get them. Or there's, what's that, dextrose as well. You get those.

Chantal Boyle:

Yeah.

Emma Cathro:

So yeah, I've always got them. All my jackets, all my bags, all of them are full with the gluco tabs and little sweets just in case I need anything when I'm out and about.

Chantal Boyle:

What do you think about the sunflower?

Emma Cathro:

I think the sunflower is an amazing idea. I think it really helps to just give people a bit of confidence that if something happens, there's a bit of a sign that there's actually something else going on here. For example, say, I did pass out somewhere on the street. Without any other signal and looking at me normally, you wouldn't know that I am diabetic and that I need a lot more to look at medically if I was just found somewhere. I think it helps with normalizing it as well because again, to look at me, you wouldn't know that I have another condition and walking around day to day, maybe I am walking past other diabetics and I just don't know it.

And it just makes you feel, not so, not that it's weird, but it makes you feel more accepted and there's other people who have other hidden things and that's okay and you don't have to hide them because for a long time I always would... When I had my pump, when I first got it, I didn't like it because people could see it and I would always try to hide it in my pocket or clip it somewhere that wasn't as obvious because I didn't want people to see it. Whereas now, I don't care if people see it. I don't care if people see the tube hanging out of my pocket. It's there, okay?

Chantal Boyle:

Yeah.

Emma Cathro:

Sunflower I think does the same thing of just having it there for awareness for yourself but also to normalize it, hidden disabilities as well and conditions. And definitely for traveling. I mostly use it for traveling, especially independently. It can be a little bit scary because obviously when I was a bit younger, I would always have my parents and if there's any issues, they would kind of fight it for me. Whereas doing that on your own now can be a bit like, "Oh no, what are they going to say? Are they going to be awkward? Am I going to have to prove it? Am I going to have to get my doctor's note? Are they going to try and send me away and not let me go on the flight?"

Chantal Boyle:

Yeah.

Emma Cathro:

So yeah, having the separate queue at airports helps just because I'm a little bit stressed already about the whole thing so it's a little bit quieter. The staff are a lot more understanding. You can just take that little bit extra time to get the liquid bags out. If I've got my FRIO, the cool pack with insulin, I can sort that out. I can get my pump started because they usually take a swab and that's fine and I have it ready and just to take the time to explain it to them, because obviously the security at airports are quite fast. They want to get you through, they want to get you moving. So if you're trying to get their attention to just to flag it because I normally don't go through the metal detectors because I just set them off anyway, so just to bypass it. If you're doing that in the normal queue, they can get a bit annoyed and even people around you can get a bit annoyed that you're holding up the line, which isn't fair because it's not your fault. You're just trying to get-

Chantal Boyle:

Always in a rush, aren't they? We're always in such a rush.

Emma Cathro:

Yeah.

Chantal Boyle:

I think that's one of the things that we ask of people who see the sunflowers, just be a bit patient.

Emma Cathro:

Yeah, definitely. That's definitely part of it. And to just be understanding that just because how I look at first glance, I don't have anything but you don't know that I'm actually tubed up to a little device that is saving my life every day.

Chantal Boyle:

If you are interested in any of the advice discussed in this podcast, please follow up with your GP or healthcare practitioner.

Are there any charities that you have used in the past? If other people who are diabetics or looking for support, would you recommend any particular charity?

Emma Cathro:

I know that there's support groups with JDRF. They are a diabetes charity and they offer support groups. So they're definitely support groups for younger people. So they are really good just to reach out to other diabetics because sometimes you feel you can't unload it to people around you because one, you don't want to burn them and two, they don't understand entirely and they can only understand to a point. But it's a lot different talking to other diabetics who can understand entirely what you're talking about.

Chantal Boyle:

Did you say that was for young people, this one?

Emma Cathro:

Yeah, they definitely have young people support groups. I'm not aware of any others. I mean I know there's a lot of... Well, not a lot, but there's a few Facebook groups for diabetics of either by locations or some by age, just where people can put questions. I have not met anyone through that. I'm sure you could if you wanted to. The Juvenile Diabetes Research Foundation, that could be wrong, for a t-shirt, that's what it's called. I'm sure that Diabetes UK would also have support groups as well.

Chantal Boyle:

And Diabetes UK have just launched their four Ts campaign for Diabetes Awareness month. Can you just quickly explain what that entails?

Emma Cathro:

Yes, the four Ts are like four key signs to look out for that could be signs of type 1 diabetes. So the four T, I actually had all four but we were unaware of them so didn't fit it down to it, so you have thirst, toilet, which is obviously associated with being more thirsty, tired because it's exhausting if your blood sugars are all over the place. And thinner is the other one, which again, I had with losing a lot of weight. So if anyone is ever experiencing all four, some of these symptoms a bit out of the blue and can't really put a reason why they're feeling those things and these are happening, then I would definitely get checked out by a GP because, there could be lots of other reasons, but it could be diabetes.

Chantal Boyle:

Perfect. Thank you. And thank you so much for your time as well, Emma.

Emma Cathro:

Thank you very much for having me.

Chantal Boyle:

And it's great to hear how you're still able to travel and it's not holding you back from getting a fantastic degree. And congratulations in your new role as well.

Emma Cathro:

Thank you very much.

Speaker 1:

If you'd like to share your Sunflower story or conversation, please email conversations@hiddendisabilitystore.com. Find out more about us or listen to this recording again by checking out our Insights Page at hiddendisabilitystore.com. You can also find us on Facebook, Instagram, Twitter, YouTube, and LinkedIn. Please help, have patience, and show kindness to others and join us again soon. Making the invisible visible with the hidden disability sunflower.