

Type 1 Personality

(an excerpt)

by Rachael Needham

After weighing him at 143 pounds and measuring his height at 5 feet 6 inches, she took him back to a small white room with only one picture of a flower on the wall across from the door. Tyler sat on the medical examination chair while Kiara took his blood pressure. Tyler grimaced before she said the number out loud.

“122 over 84. So, that’s not bad,” she said as she wrapped the blood pressure monitor back around itself and hung it on the wall. Tyler’s shoulders relaxed a little. Then she took his temperature and murmured the number under her breath before sitting at a desk with a computer opposite of Tyler. The room was silent except the *click click click* noise of her hot pink nails hitting the key board. “Mkay...” She sighed while clicking on the mouse. “Ok, so you’re a new patient. Let’s start from the top. Are you allergic to anything?”

“Nope,” Tyler shook his head. “Not that I know of, anyway.”

*Click click.*

“Are you up to date on your immunization shots?”

“Pretty sure.”

“How’s your mom and dad? Are they in good health?” Tyler nodded. “Any siblings? Are they in good health?”

“Yeah, I have 2 younger brothers and a younger sister. All in good health.”

*Click click.*

“Do you smoke?”

“Uh,” Tyler shrugged abashed while rubbing his arm, “Occasionally.”

“Do you drink?”

“Occasionally,” he said not as embarrassed this time.

“Are you on any medication?”

“Insulin. Both Humalog and Levamere. I’m on a sliding scale with units. I take about 6 units of Humalog per meal on average, around 3 or 4 times a day.” The way he said it sounded rehearsed. She struggled with the math, getting confused and multiplying 60 by 4 instead of 6. After she corrected herself, she continued typing and asking further questions.

“You don’t use an insulin pen?” She asked.

“No, I do. I prefer it. I take 50 units of Levamere a day.”

“Any past surgeries?” Tyler shook his head no.

“Last physical?”

“Uh, probably around this time last year.”

“So, you’re type 2?” She asked and I had to refrain from rolling my eyes.

“Type 1.” Tyler stated. He used to get frustrated when people confused the 2 types of diabetes. Even when he was in middle school and high school, kids would ask him what he was injecting into his arm, and when he explained to them that he was diabetic, they’d claim they understood because their grandparent had diabetes. They’d usually follow that up with comments like “Well just don’t eat sugar” or “Why aren’t you fat?” In fact, there are at least a dozen common myths just like those that shroud both type 1

and type 2 diabetes. One of the most common myths I hear Tyler getting questioned for a lot is “What can you eat?” Because type 2 diabetes in particular is associated with being overweight due to an unhealthy diet, people assume that all diabetics are restricted to a special diet. Although diabetics have to be a bit more careful than others, doctors and nutritionists advise they stick to a typical healthy diet just like any other person. As long as they practice portion control, restraint with junk food, and measure out the right amount of insulin, type 1 diabetics can eat almost anything they want, within reason. But after the question of diet has been answered, it’s usually followed by yet another myth, which is something along the lines of “Oh, diabetes isn’t as dangerous as previously assumed.” According to the American Diabetes Association, “diabetes causes more deaths a year than breast cancer and AIDS combined. Having diabetes nearly doubles your chance of having a heart attack.” It seems the public as a whole has only a vague knowledge of diabetes in general, and most of that knowledge is false.

Eventually, Tyler had to just accept the ignorance about type 1 diabetes. Previously known as juvenile diabetes as it is usually diagnosed in children and young adults, only about 5% of people with diabetes have type 1, so it’s not surprising if people get confused about which is which. To put it simply, type 1 diabetics don’t produce insulin at all, whereas type 2 diabetes causes one’s body to not produce insulin properly. Insulin is an essential hormone that breaks down the body’s glucose and transfers it into energy.

After the nurse corrected her mistake, she asked when Tyler was first diagnosed.

“I was in 5th grade, so I would’ve been 10, I think. So twelve years ago.”

Before Tyler was diagnosed, he knew something was wrong with him, but he was too scared to tell anyone. He would wake up in the middle of the night, drenched in sweat, his sheets soaked with urine. He was embarrassed to let his parents know he was wetting the bed, so he would change his sheets and throw the wet ones in the washer before anyone got up. It happened so frequently that eventually he resorted to laying towels over his bare mattress before bed. At school, he would eat his lunch, only to go throw it up in the bathroom. Again, he didn't tell anyone because he was afraid. This went on for a few weeks before his mom took him to the doctor for uncontrollable vomiting and dehydration. When he arrived at his pediatrician, they took his blood sugar. It was so high that the number was inconclusive. He was immediately sent to a pediatric hospital where he stayed in the intensive care unit for 2 weeks. This was the first of many times Tyler has gone to an intensive care unit for DKA.

*Click click click.*

“Do you have any complaints today?” Kiara asked.

“No more than usual, I guess,” Tyler laughed. “Just a check up and I need more prescriptions.”

“Alrighty, well the doctor will be with you shortly,” Kiara smiled and left.

After she left, Tyler turned and winked at me. We sat and talked for a while, wondering what the doctor would be like. Hopefully she would be nicer than his terrible doctor from 2 years ago, but less lenient than his last doctor. He admitted he was concerned they were going to tell him to stop using his arms to inject insulin and to move

on to places with less scar tissue like his stomach or thighs. He complained that those places are more sensitive and also bleed more than his arms ever did.

“When she comes in, I’m going to see if I can get some free stuff.” He whispered and grinned.

“Why did you suddenly sound evil just then?” I teased.

“Well, I mean,” he laughed, “being a diabetic is expensive. If I had it my way I’d make all necessary medicines like insulin free. It’s not like you can get a high on something like insulin, anyway. But I know that’s never going to happen. There’s too much bullshit in the world.” He shrugged. Although he was nonchalant about it, the idea of paying an expensive and unpredictable fee for something that he could die without infuriates me. It has since we started dating 5 years ago. But he’s been dealing with this for over 12 years. He knows that getting mad about it will only make his blood sugar rise and make him feel worse.

By the time Dr. Stephanie walked in, a short, young blond with straight teeth and tired eyes, it was almost noon. She introduced herself with a smile and sat in the chair Kiara was typing at before. She glanced at the computer, then back at Tyler.

“So you’re type 1 diabetic?”

“Yes.” He answered.

“Any family medical history of diabetes?”

“Nope.”

“Ah, so you’re just the lucky one.” She smiled and Tyler laughed.

“Yeah, I guess so.”

She then went through some of same questions as Kiara, asking a few new ones like “How are your feet?” and “Do you work?” After running through the questions, she told him that since they didn’t have any of his medical records, they were essentially going to have to re-diagnose him to confirm he has diabetes.

“I know you’re not lying, it’s more for our records and to get more information on how to properly treat you. So we’ll have to get a urine sample and some blood work done.” She clicked a few times on the mouse. “Also, along with your insulin, I’m going to put you on a cholesterol medication. It’s a really low dose so you won’t really notice a difference. I just want you to start taking it for preventative purposes. It’ll help to protect your liver.” Tyler just nodded as she led him to a nearby bathroom for his urine sample. When he returned he started to put his shoes back on.

“I’m about to get re-diagnosed,” he said grinning up at me as he sat on the floor and tugged his shoes back on.” I rolled my eyes. “Maybe this time I won’t be diabetic.” We both laughed because, despite how wonderful that hope is, we know it’s absurd.