

DiaMindki

Number 44
March, 2024



Pozdravljeni vsi skupaj! Tudi letos vas vabimo na spletno inačico tokrat že 13. DiaMind-a. Spletni DiaMind ste v veliki večini

zelo pohvalili in tudi letos bomo organizatorji naredili vse, da bo virtualno srečanje vsem vam 'pisano na kožo', da bo tema zanimiva in da vas bo pritegnila v čim večjem številu. Veseli smo, da z navdušenjem že več kot desetletje, tudi z velikim posluhom naših pokroviteljev, ustvarjamo to srečanje :-). Spet bomo imeli zanimivo 'mešanico' domačih in tujih strokovnjakinj.

TEMATIKA NI VEČ SKRIVNOST!

WOMEN AND DIABETES:

FROM GIRL TO GRANNY

Psychological and Ethical Considerations, Part 1

13. DiaMind bo potekal 10. in 11. aprila 2024, prvi dan od 16h do 18h in drugi dan 16h do 17:30, na spletu.

Se veselim da se vidimo na že

13. DiaMind-u!

Dobrodošli!

Hello everyone! This year, we are once again inviting you to the online version of what is now the 13th DiaMind. The online DiaMind has been highly praised by the majority of you, and this year, the organizers will do everything to make the virtual meeting 'tailored to you', ensuring the topic is interesting and attracts as many of you as

possible. We are delighted that, with great enthusiasm for over a decade and with keen support from our sponsors, we have been creating this meeting :-).

We will have an interesting 'mix' of domestic and foreign experts again.

THE THEME IS NO LONGER A SECRET!

WOMEN AND DIABETES: FROM GIRL TO GRANNY

Psychological and Ethical Considerations, Part 1

The 13th DiaMind will take place on April 10th and 11th, 2024, the first day from 4 pm to 6 pm and the second day from 4 pm to 5:30 pm, online.

I am looking forward to seeing you at the 13th DiaMind!
Welcome!

odgovorna urednica: dr. Miha Kos in dr. Karin Kanc, naslov uredništva: Pod hrasti 74, Ljubljana, e-naslov: info@diamind.si



Who is this meeting for?

Educators, medical doctors (GPs, diabetologists, pediatricians and others), psychologists, psychotherapists, dietitians, pharmacists and other health care professionals that work with people with diabetes.



Where and when?

Online - April 10 and April 11, from 16:00 to 18:00.



Registration fee?

None - FREE of CHARGE!



How to apply?

Please fill in the [registration](#) form now. The number of participants is limited to 100!

For information please contact us at info@diamind.si.



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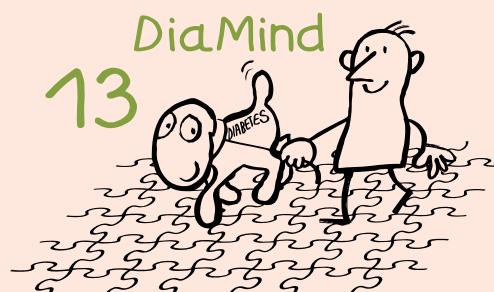
WOMEN AND DIABETES: FROM GIRL TO GRANNY
Psychological and Ethical Considerations, Part 1

Day 1, Wednesday, April 10 (all times are CET)

- 16:00 Welcome and Introduction of the Discussion of Day 1 (Kanc, Kos)
- 16:10 Teenage Girl with Type 1 Diabetes
A Mother's Personal View (Tamimi, SLO), ALL
- 16:30 Transition to Adult Life and Transfer to Adult Diabetes Care
(Sparud Lundin, S), ALL
- 16:55 Eating Disorder (Goebel-Fabbri, USA), ALL
- 17:10 Childbearing and Type 1 Diabetes (Sparud Lundin), ALL
- 17:25 Decision for Having a Child or Not in a Woman with Type 1 Diabetes, Personal View (Baer, USA),
ALL
- 17:45 Discussion - Speakers and Audience
- 18:00 End of Day 1

Day 2, Thursday, April 11

- 16:00 Welcome and introduction of Day 2
- 16:10 Tele-Psychotherapy/Supervision Appointment: Diabetologist meets Psychotherapist (Openshaw,
UK; Actor: Boris Ostan, SLO)
- 16:30 Tele-Psychotherapy: A New Mother with Type 1 Diabetes meets Psychotherapist (Openshaw, UK;
Actress: Lucija Ostan Vejrup, SLO)
- 17:10 Summary of the Psychological Aspects / Ethics presented during 'live cases' (Openshaw; Baer;
Tamimi; Kanc)
- 17:20 Panel Discussion with Audience, ALL)
- 17:30 End of Meeting



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DiaMindek za prakso

K meni je prišla gospa, ki ima že dolgo sladkorno bolezen tipa 1, ki je žal zelo slabo urejena. Vseskozi je zavračala nasvete kolegice, h kateri je hodila prej, pa tudi pri meni je bila prijazno odklonilna do česarkoli, črpalk in celo senzorjev. Zdravstveni delavci mislimo, kako zelo senzorji pomagajo vsakomur pri vodenju sladkorne bolezni. Ne pomislimo na tiste, ki se težko soočijo z dejstvom, da vsako minuto lahko vidijo, kako NE obvladujejo svoje sladkorne bolezni, kako jim 'cele noči piskajo alarmi', kako jih na piskanje opozarjajo vsi, s katerimi so doma, v službi, v trgovini, pri frizerju in še kje. Gospa jih enostavno ni želela imeti. Ko sva že tretjič ali četrtič razpravljalji o senzorjih, sem si zadala, da jo bom nekako prepričala. A kako? Postavila sem se v 'njeno kožo', obenem sem ji opisala 'svojo kožo'. Govorila sem ji, kako si želim, da bi bila srečna, da se ji na stara leta ne bi bilo potrebno ubadati z 'ne bodi jih treba' tegobami, saj itak s starostjo pridejo, sem rekla, poglejte mene vsak dan muči to in ono, a vsaj sladkorne nimam in me ne bo skrbelo poleg vsega še to. Prisluhnila je - ni pričakovala da ji bom zdravnica odkrila kaj zelo osebnega. To redkokdaj počnem - v psihoterapiji je itak pravilo, da govorimo o tretji osebi, čeprav se je nekaj lahko zgodilo prav nam. Tu sem se odločila drugače in pokazala svojo ranljivost in da sem samo človek. Potem sem povedala kako si prizadevam da bi vsak od mojih ljudi s sladkorno boleznijo lahko užival, kar jim je ponujeno - saj ni potrebno zdravljenje s črpalko, a senzorji - morda je to nekaj zanjo. Uporablja jih lahko do take mere, kot bi si sama želela. Nato sem bila tiho...zelo dolgo tiho, čeprav sem imela na zalogi še mnoge argumente 'za'. Nato je začela govoriti, besede so se usule kot plaz: kako je bila zaradi sladkorne bolezni vse življenje 'označena', v družini, drugačna od vrstnikov v osnovni in srednji šoli, drugačna od kolegov v službi, kako so jo gledali s pomilovanjem, morda celo z zaničevanjem, kako jo en partner za drugim ni razumel, kako se je obsojala da je sploh zanosila, saj bi zaradi nje tudi njen otrok lahko dobil sladkorno bolezen in sedaj naj še nosi senzorje, ki bodo na njen 'posebnost' opozorili še tiste, ki jo imajo za 'normalno' in bo njena označenost/stigma še večja. Nikakor nisem pričakovala vseh teh stisk in argumentov, ki jih je nizala enega za drugim. Ko je utihnila, sva bili še dolgo obe skupaj tiho. Nato sem obzirno dejala, da je res odločitev njena. Na moje presenečenje se je odločila, da bi senzorje nosila 1 mesec in videla, kako se z njimi znajde. Tako sem 'zagrabila' to možnost, naša medicinska sestra ji je nemudoma pomagala vstaviti senzor, ki smo ga imeli kot vzorec v ordinaciji in ga povezala z njenim telefonom ter ji razložila najpomembnejše podrobnosti. Od tedaj se še ni vrnila k nam ali nam poročala - bomo videli kaj bo. Vsekakor je bila njen izpoved bistveno bolj kompleksna kot sem si zanjo lahko predstavljal, kar me je spet spomnilo, kako pomembno si je za ljudi potrebno vzeti čas in nenehno preverjati - nikakor nimam dovolj domisljije da bi si brez aktivnega poslušanja predstavljal, kako ljudje živijo in kaj jih obremenjuje v zvezi s sladkorno boleznijo.

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DiaMindki Case Report for Practice

A woman came to me, who has had type 1 diabetes for a long time, which, unfortunately, is very poorly managed. She consistently rejected the advice of a colleague she used to visit, and even with me, she was kindly dismissive of anything, including pumps and even sensors. Healthcare workers think about how much sensors help everyone in managing diabetes. We don't consider those who struggle with the fact that they can see every minute how they are NOT managing their diabetes, how their 'alarms beep all night', how everyone at home, at work, in the store, at the hairdresser's, and elsewhere, reminds them of the beeping. She simply did not want them. When we discussed sensors for the third or fourth time, I set myself the task of somehow convincing her. But how? I put myself in 'her shoes', while also describing 'my own shoes' to her. I told her how I wished for her to be happy, that in her old age she wouldn't have to deal with 'unnecessary' troubles, as they inevitably come with age, I said, look at me, every day I struggle with this and that, but at least I don't have diabetes and that's one less thing to worry about. She listened - she didn't expect me, her doctor, to reveal something very personal. I rarely do this - in psychotherapy, the rule is anyway to talk about a third person, even if something happened to us. Here, I decided differently and showed my vulnerability and that I am just human. Then I explained how I strive for each of my persons with diabetes to be able to enjoy what is offered to them - treatment with a pump is not necessary, but sensors - maybe that's something for her. She could use them to the extent she wanted. Then I was silent... very silent, even though I had many more arguments 'for'. Then she started to speak, the words tumbled out like an avalanche: how she had been 'labeled' all her life because of diabetes, in her family, different from peers in primary and high school, different from colleagues at work, how they looked at her with pity, maybe even contempt, how partner after partner did not understand her, how she blamed herself for even getting pregnant, since her child could also get diabetes because of her and now she should also wear sensors, which will alert even those who consider her 'normal' to her 'specialness' and will make her labeling/stigma even greater. I did not expect all these struggles and arguments she listed one after the other. When she fell silent, we were both silent together for a long time. Then I carefully said that the decision was indeed hers. To my surprise, she decided to wear the sensors for 1 month and see how she gets on with them. I immediately 'seized' this opportunity, our nurse helped her insert the sensor we had as a sample in the clinic and connected it to her phone and explained the most important details. Since then, she has not come back to us or reported to us - we will see what happens. Certainly, her confession was much more complex than I could have imagined for her, which reminded me again of how important it is to take time for people and continuously check - I certainly do not have enough imagination to imagine, without active listening, how people live and what burdens them in relation to diabetes.

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