

# More serious conditions

## Diabetes

There are 2 types of diabetes (types 1 and 2). We talk mostly about type 1 diabetes as this is the type which happens to children and young people. You can't catch diabetes, it isn't a bug, you 'develop' it. Type 1 diabetes happens when the body does not produce enough insulin. This means that glucose produced in the breakdown of food (digestion) stays in the blood.

If you are diagnosed, (your GP or a health professional has confirmed you have it), you may feel overwhelmed, angry, and worried about the future. You will now need insulin injections, or insulin using an insulin pump. A diabetes care team will help and support you, you are not alone.

**“It's perfectly normal to have difficult feelings when you are diagnosed with diabetes.”**

However, the condition doesn't have to take away your freedom, or end your usual family life, it just means you have to carefully manage your condition as part of daily life.

## Early days

On diagnosis at the hospital, your specialist diabetes team will help and support you to manage your diabetes. Children and young people are cared for by a specialist diabetes team at the hospital. This team has:

- A consultant paediatrician who specialises in diabetes.
- Children and young person's specialist diabetes nurses.
- A dietician who is trained in the needs of children and young people.
- A psychologist with a speciality in children and young people.

Soon you'll be confident enough to take the first steps towards managing your diabetes. You will be in regular touch with your diabetes care team. The team keep in touch via clinics, some of which are in the evening as well as email and telephone. The specialist nurses can visit you at home and at school.

## Signs and symptoms

Contact your GP urgently if you notice the signs below. If you cannot get an appointment the same day please attend a Walk-In Centre or A&E and explain your symptoms.

- Feeling very thirsty and having a dry mouth.
- Going to the toilet frequently, particularly at night.
- Feeling very tired and drowsy.
- Weight loss.
- Signs that you could be seriously unwell - all of the above plus vomiting, abdominal pain and difficulty breathing.

## **Meningitis & Septicaemia**

Meningitis and meningococcal septicaemia (blood poisoning) are serious diseases that can affect anyone at any time. Fortunately, most young people in the UK have already had the MenC vaccine, but if you haven't or can't remember, getting vaccinated is a good way to protect yourself. But remember, vaccines can't prevent all forms of meningitis and septicaemia.

### **What are the signs and symptoms?**

Many of the early signs - vomiting, fever, aches, general tiredness and headaches - are also signs of less serious illnesses like colds and flu or even a hangover but someone with meningitis or septicaemia will become seriously ill in a matter of hours.

**“Symptoms can appear in any order and not everyone gets all of the symptoms.”**

The main signs and symptoms of meningitis include: fever, very bad headache, vomiting, stiff neck, dislike of bright lights, rash, confusion, delirium, severe sleepiness, losing consciousness, seizures.

### **How is meningitis spread?**

The bacteria that cause these diseases are spread by coughing, sneezing and intimate kissing. It can also be spread by sharing drinks. Outbreaks tend to occur where people live or work closely together, such as university halls of residence.

### **The glass test**

Press the side of a glass firmly against the rash so you can see if it fades under pressure. If it doesn't fade call 999 or go to A&E immediately.

If you are feeling very ill, get help anyway, even if the rash fades or doesn't appear at all. It can be harder to see a rash on darker skin. Students and young people will be offered a new Meningitis C vaccine.

The Men ACWY vaccine is given by a single injection into the upper arm and protects against four different causes of meningitis and septicaemia. If you are going to college or university for the first time, contact your GP.

## **Asthma**

As you grow and develop as a young adult new opportunities and challenges come up every day. But what if you also have a life long condition, such as asthma, and are stepping out into the world for the first time on your own?

If you are travelling, staying with friends or moving out make sure you are prepared.

From friends, family, partner, people at school or college there will always be certain people that you may feel awkward or nervous talking to you about your asthma. It's your choice about who you choose to tell.

Feelings of stress or anxiety can be a trigger for your asthma. Study can be stressful especially around exam time. If you find it brings on your asthma speak to your GP/practice nurse and the welfare officer at your school, college or university to see what they can do to support you.

**“Everybody with asthma is different, and everybody deals with asthma differently.”**

For most people, asthma shouldn't stop you enjoying everything in life, including relationships.

Taking your medications as directed will help prevent long-term health problems. Always carry your relevant inhaler.

### **Things you may be asked**

Have a think about the sorts of things people might ask you. For example:

- What are your asthma symptoms? Everyone has different symptoms. For example, not everyone wheezes when they have an asthma attack.
- What are your asthma triggers?
- What are your asthma medicines and where do you keep them?
- What should they do when you have an asthma attack? You might like to give them an asthma attack card to keep.
- What does it feel like to have asthma? Not everyone relates to hard facts so you could make it personal to you. Then you may find that people understand a lot better.

### **Do you have an asthma action plan?**

If you use an asthma management plan you are four times less likely to have an attack that requires emergency hospital treatment. Fill this in with your GP/practice nurse. It will help you to know what medicine to take and when, how to recognise when your asthma symptoms change and what to do when this happens.