

# Werner Kurzlechner

## Germany

The nature of diabetes is present in internal medicine specialist at the Clinic for Endocrinology and Diabetes at the University Medical Centre, Ljubljana, who explains the development of the disease, possible complications and ways of preventing its occurrence, and Tadej Battelino, MD, PhD, Chief Executive at the Department of Paediatric Endocrinology, Diabetes and Metabolism at the University Children's Hospital in Ljubljana, who explained ways of treating the disease in Slovenia and discussed some questions about the disease. In addition, Iva, a 27-year old student from Ljubljana answered some questions about the disease. If one falls ill with diabetes, they suffer from a progressive chronic disease that has long-term effects and poses high and invisible risks for numerous chronic micro- and macrovascular complications. Despite medical progress and modern approaches towards diabetes treatment that give the patient easier management, these complications are still quite frequent. Suddenly, of life-threatening acute complications, such as hypoglycaemia, become visible. However, slowly developing complications pose greater risks today. A high blood sugar level can eventually lead to damage to blood vessels. With the smaller renal failure, the consequence is retinal failure, the nervous system, and damage to the heart. Due to an lead to heart-attack and diabetic retinopathy, which is the most frequent cause of blindness in the world today. Due to diabetic nephropathy or renal failure, a large number of people need to be treated with dialysis, the consequence of which is a lower quality of life. In addition, progression of diabetes can cause poorly managed diabetes can cause the worst damages to the vessels in the legs and in the worst case can even lead to diabetic gangrene, which the percentage of amputation is increasing.



Werner Matthias Kurzlechner

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Inhabitants in Germany: 82,869,000  
Source: Statistisches Bundesamt

People with diabetes in Germany: 6,800,000  
Source: Palitzsch et al.

# After the first needle prick, everything was different

The year after the diagnosis of diabetes – an experience report

By Werner Kurzlechner

Snow flurries and an icy wind blowing the treetops back and forth. A simple look through the window seemed to provide an answer to many of the questions my body raised more than a year ago: severe winter cold. No wonder I had frostbitten hands. The root of the evil seemed to be the renunciation of warming wool. My body, however, kept presenting puzzles – which were so tricky that camomile cream could not be considered a solution any more. Instead of me, it was the doctors who solved the puzzle: by means of one needle prick in the finger and the diagnosis of diabetes mellitus type 1. I was 27 years old and chronically ill for the rest of my life.

“After two days, the crate of lemonade was empty”

Suddenly, all kinds of symptoms fit together to form a harmonious picture: the thirst – a crate of lemonade did not even last a weekend; the loss of weight, noticed sooner by friends than by myself; sluggishness; urination at night, and various inflammations. A medical specialist became suspicious and started a ‘paper chase’ through the doctors’ practices, which killed my nerves and senses and ultimately sent me to the diabetologist.

From a psychological point of view, the whole thing resembled an odyssey to hell: The simple prospect of pricking my finger several times a day to measure my blood sugar level, and of injecting insulin into the stomach or thigh immediately afterwards. As a boy, I did

my utmost to avoid blood collection – it just made me panic. In my head, a ghost train of threatening secondary diseases took shape: loss of sight, amputations, impotence, cardiac infarction, a stroke. During the first night, I tossed and turned in bed – without managing to chase away the ghosts. Pleasures of life, farewell, they whispered.

In the end, it did not turn out all that bad – for which there were early signs. Admission to hospital? Not necessary. Immediately after the diagnosis, I was allowed to go home. The adjustment ritual: Before each meal, I called my diabetologist on his mobile to inform him about levels and course. “What do you want to eat?” “Escalope and chips.” “Let’s try ten units.”

Since then, beverages containing sugar have been forbidden – not only lemonades, but also juices and milk. If sweetness is swallowed directly, it goes right into the blood, and the levels can hardly be controlled. Besides this, I was lucky with my therapy: Deliberate emphasis is placed on not subordinating life to diabetes. In the past, diabetics were trained to ensure the greatest possible regularity in everyday life, to stick to fixed mealtimes and to weigh food. It works, but it is not necessary. So far, I have managed without doing all that – instead, I constantly check my levels and make ‘guesstimates’ on the required hormone dose.

At the beginning, it was helpful to see it all as a game. The trick: You have to coordinate the

current levels, the carbohydrate content of the dish and the insulin dose in such a way that you will, as far as possible, stay within a corridor of 70 to 100 milligrams sugar per decilitre blood. It is a little bit like a biathlon: Keep aiming, and try to hit all the targets. If a shot misses the target, don’t panic!

In order to be prepared for this game, you must understand diabetes mellitus, in English ‘honey-sweet flow’. A sentence I remember from the first consultation: “You must know more about it than the average physician.”

This may sound exaggerated. But, actually, the questions raised by my body were followed by a cluster of new questions. What goes wrong with me? In a so-called autoimmune reaction, my body destroys those cells in the pancreas responsible for producing insulin. Without this hormone, the organs cannot absorb sugar from the blood and convert it into energy. Why me? This is not clear – probably an unfortunate interplay between disposition and environmental impacts.

Immediately after the diagnosis, I dealt with the question of heredity. Does the disease mess up medium-term family planning? Luckily, this is not the case: The probability that I will pass on diabetes to my children is estimated by the researchers to be approximately 5 per cent. Soon afterwards, concerns about my professional performance also became acute. Career perdu? Certainly, there are more suitable occupations for diabetics than working as a journalist. Soon after the diagnosis, however, I



learned about other colleagues suffering from the same disease.

Soon, I caught myself searching for the pair of terms “diabetes” and “celebrities” on Google. And yes, it was encouraging to learn that German premier football league goalkeeper Dimo Wache of Mainz 05 and Oscar winner Halle Berry managed to achieve something special despite having the same handicap. The African-American Hollywood beauty had even experienced the thing I feared most, at first: As a young woman, she slipped into a coma due to hypoglycaemia.

Learning to live with the disease means a cascade of ‘first times’ over several months: The first return of the spirits of life, culminating in an endless night walk. The first injection in public, after numerous shamefaced withdrawals

to the seclusion of uninviting department store restrooms. The first beer as a symbolic approach to a less constrained everyday life.

### “Diabetes means hoping for research”

And then, the first dinner with your girlfriend’s family: Afterwards going outside for a cigarette with your future father-in-law, a surgeon by profession. “You must stop smoking”, he told me at the beginning of the conversation. Smoking and diabetes imply some of the same risks – a combination of both increases the danger of a stroke or of numb feet. The physician told me about a friend of his: A publisher’s editor and Jew, who emigrated to South America during the era of National Socialism. How he had to boil his huge syringe in the jungle in order to kill bacteria. How,

admittedly, he reached an old age, but lost toe after toe. They could be cut off without an anaesthetic, since the patient could not even feel his feet any more.

On the one hand, diabetes in the early 21st century means hoping for further progress in research and therapy, and, on the other hand, it means being thankful for the goals already achieved: Before insulin was discovered by the Canadians Frederick Banting and Charles Best in 1921, diabetes was a death sentence. Since the 1980s, human insulin produced by means of genetic engineering and fountain-pen-like injection pens have allowed for a more pleasant and targeted therapy. Today, diabetes does not mean renouncing everything any more. One year later, I can enjoy snow flurries and winds in treetops again – the pleasant spring scents being far more enjoyable, however. ■

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## DAWN

DAWN (Diabetes, Attitudes, Wishes and Needs) is a global programme led by Novo Nordisk to improve psychosocial support for people with diabetes.