

# The Therapeutic Value Of A Diabetes Youth Summer Camp

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In late 2004, emergency room doctors disclosed to me that I was bordering on falling into a coma with a blood sugar reading of 1100 mg/dl. I was led to the hospital with the symptoms of polyuria (the production of large quantities of urine) and polydipsia (the urge to drink) appearing shortly after my 12th birthday. Before that life changing day fell upon me, the constant and looming urge to leave class and other activities in order to relieve these symptoms made it increasingly arduous to keep up with my academics. I had lost 15 pounds in the course of just 2 weeks, dropping to a mere 85 pounds. After running a number of both physical and hematological exams, my physicians diagnosed me with Type I (Juvenile) Diabetes. I had been suffering from diabetic ketoacidosis. There, it was explained to me that my pancreas was shutting down. A combination of environmental and genetic factors had triggered T-lymphocytes in my immune system to attack the beta cells of the pancreas. The lymphocytes had identified this group of cells, which synthesize and secrete insulin, as foreign invaders that required immediate removal from my body. Over the course of the next 3 days, I was told that for the rest of my life I would require self-injections of both long- and fast-acting insulin, to make up for the loss of these insulin-producing cells, in addition to multiple daily fingerstick blood tests. The next few days in the hospital became the beginning of a new way of life. This fearsome realization of a profoundly altered lifestyle was emotionally devastating and enervating. This, of course, is not the end of the story.

In the weeks and months following my discharge, I found the burden of my condition to be nearly unbearable in spite of the assistance I received from my immediate family and friends. My days consisted of pricking my fingertips until scar tissue and callouses enveloped them, counting carbohydrates in what seemed like an endless course in mathematics and injecting myself with insulin in any area of adipose tissue I could sequester on my, at the time, very thin adolescent body. As a result of this or perhaps in combination with the routine mental changes that occur at this phase of



**Micah Belzberg:** *Summer*

## Key Point: Studies on Diabetes and Camps

A recent three-year study of US diabetes camps showed a 10% increase in campers' feeling of confidence in their ability to manage their diabetes, with the greatest increase (16% increase) among the newly diagnosed.

Additionally, a meta-analysis that reviewed 31 studies published from 1973–2010 of camps in 6 different countries, which included data pertaining to a total of 1,782 child summer camp attendees, demonstrated a small yet statistically significant improvement in self-perception following attendance at a camp for children with a chronic health condition such as diabetes. A statistically significant effect was also found for those reports examining extended follow-up on the summer camp attendees.

References: American Diabetes Association. June 29, 2015. Camps Make a Difference! Retrieved from: <http://www.diabetes.org/in-my-community/diabetes-camp/camps-make-difference.html>.

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development, my grades in school began to decline sharply. Surprisingly, the factor that contributed most to this mentally exasperating period was not the inception of these new and profound requirements for managing diabetes, but was instead a lack of emotional support. This perceived lack of support arose not from a deprivation of medical resources, but rather from the absence of a platform through which to connect with other diabetics. Only they could comprehend the complex and arduous life that the diabetic and his or her family lead in managing this chronic disease. Support from empathic, knowledgeable and similarly afflicted group members can help with feeling less isolated but also more hopeful for a positive future while coping with the condition. By chance, my family was introduced to an individual who frequented such a supportive venue as a type 1 diabetic. Upon further inspection, we learned of a summer camp for diabetic children in the mountains of Big Bear, California and promptly registered for the upcoming session with the hope that it may help fill the void of the present.

The first time I stepped foot onto the campgrounds of Camp Conrad-Chinnock, I was astonished at what I saw. Surrounding me were hundreds of diabetic children from the ages of 5-17 years who appeared equally ebullient to their disease-free cohorts. They were occupied with playing basketball, shooting rifles, bows and arrows, completing arts and crafts, swimming, hiking and rock-climbing. Most extraordinary was their apparent freedom from anxiety, which was a luxury I had not known could exist with my circumstances. The most inspiring aspect of this diabetes camp was the chance to meet adult diabetics who held esteemed roles in society: college students, firefighters, nurses, psychologists, engineers, etc. Hearing the stories, as a young teenager, of what these individuals had accomplished despite their medical conditions gave me the confidence to pursue my own path in medicine. Had I never attended this summer venue, my goals may have been quite different. Additionally, I must stress that my visits to the camp every year were vital in sustaining my confidence in living as normal a life as I could given my condition. Indeed, it has also played an immeasurable role in my development as an aspiring physician, opening a window on the emotions and tribulations that patients encounter in dealing with chronic conditions.

Camp Conrad-Chinnock, established in 1957, was founded by an endocrinologist who well understood

the need to treat the psychological symptoms associated with the diabetic condition. However, he was not the first. Dr. Leonard F.C. Wendt, M.D., founded the first diabetes camp in Michigan in 1925, which led to the establishment of hundreds of similar camps that now serve nearly 20,000 children every summer worldwide. Stressing the potential benefit that such organizations can have on the lives of so many with chronic conditions is urgent. With the prevalence of diabetes rising from approximately 333 million persons in 2005 to approximately 435 million persons in 2015, an increase of 30.6%, establishing standardized criteria are needed to assist these patients in dealing with the psychological impact that diabetes has thrust upon them (1). Additionally, as of 2012, about half of all adults living in the U.S.—roughly 117 million people—have one or more chronic health conditions, according to a CDC report released in 2013 (2). Further studies on the value of this suggest that a system of intervention and care would almost certainly demonstrate its profound potential benefits for the chronically afflicted, as it did for me. “Group therapy” or a “shared cathartic outlet” could and should become a standard protocol whenever possible, in the care of all such patients, and might very well be of value for certain clinically diagnosed mental conditions.

Largely from personal experience living with diabetes and through my own observations of diabetic children and adults over the past 10 years, supplementary treatment should be provided to newly diagnosed type 1 diabetics in addition to the current regimen. A form of peer group therapy, all of whom have been given a type 1 diabetes diagnosis, could provide some relief to the psychological manifestations that the management of the disease brings with it. Furthermore, I hope that one day this form of therapy can be applied to a number of other chronic illnesses.

## References

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2. Ward BW, Schiller JS, Goodman RA. Multiple chronic conditions among US adults: a 2012 update. *Prev Chronic Dis.* 2014;11:130389. DOI: <http://dx.doi.org/10.5888/pcd11.130389>