

family matters

Diabetes runs in families. But you don't have to be defined by it. Here's how three households are taking charge.

BY LESLIE GOLDMAN, M.P.H.

In a tan ranch in a tucked-away subdivision in Albuquerque, New Mexico, Adriana Martinez, 26, is cooking dinner with her brother Martin, 31. On tonight's menu: a savory Brussels sprouts side dish. The siblings, who had enjoyed the dish while dining out at a restaurant, were attempting a healthier version at home, studding it with turkey bacon instead of pork. When ready, they'll gather around the dining room table with their parents, Leticia and Martin Sr.; their other brother, Andres; and their Aunt Marina; all of whom live under the same roof. Their 102-year-old grandfather, Guadalupe Gonzalez, may join them—he lives on his own, just a few minutes down the road.

Guadalupe was the first in the family to be diagnosed with type 2 diabetes, at age 60. Leticia, now 52, developed gestational diabetes while pregnant with Andres and was diagnosed with type 2 after giving birth; four of Leticia's 13 siblings have it too. Adriana and Martin both received their diabetes diagnoses five years ago, within just a few months of each other.

But by banding together, the Martinez family is turning the family disease into a legacy of triumph. They attend CDE and nutritionist visits together. They walk their five dogs around the park at the end of the day, squeezing in some physical activity while catching up. Self-described "Food Network fanatics" Adriana and Martin have introduced everyone to new, great-for-you foods, like salmon (Leticia had never tasted it) and mint-and-lime-infused water. Martin Sr., who doesn't have diabetes, researches and brings home fitness equipment he thinks everyone will enjoy, like free weights and a boxing bag.



Siblings Martin and Adriana Martinez with their mother, Leticia Martinez (center).

PHOTO ERIC SWASON

The Martinez family is just one example of how a diabetes diagnosis has the power to fortify and deepen family bonds and to serve as a catalyst for the entire family to adopt healthy eating and lifestyle habits. In fact, "one of the best predictors of how well someone takes care of their diabetes is the amount of support they receive from family," says Giulio Romeo, M.D., a staff physician at Joslin Diabetes Center in Boston.

At first, "people feel overwhelmed and scared," says clinical psychologist, *Diabetic Living* advisor and PWD type 1 Nicole M. Bereolos, Ph.D., M.P.H., CDE. "They're scared of insulin, scared of eating the 'wrong' food, scared for their loved one's health."

Besides fear, helicoptering is a prevalent issue, Bereolos says, whether it's the parents of a child with type 1 preparing preportioned snack baggies, or a partner questioning how their PWD spouse is eating or dosing.

It's also common for a parent with type 1 or type 2 to feel guilty if his or her child is diagnosed, even though "both types are caused by a combination of genetic and environmental factors, and you can't control what genes you pass on, nor can you perfectly control the viruses, toxins, climate, germs, and foods your child is exposed to—all of which may have some impact on who develops type 2 diabetes or type 1," Romeo says.

But plenty of families successfully overcome these roadblocks, joining forces to manage diabetes with the strength, motivation, and camaraderie of an Olympic team. For the Beams of Wauconda, Illinois, having both a mother and a young daughter with type 1 hasn't stopped the family from pursuing the activities they love, like swimming, boating, and Rollerblading. And for Cherise and Scott Shockley of Noblesville, Indiana, thriving with LADA (latent autoimmune diabetes in adults) and type 2, respectively, is made possible through a finely tuned combination of mutual support balanced with "knowing when to back off, because we're both adults and his diabetes is not my diabetes," says Cherise.

The Martinez, Beam, and Shockley families all embody what Bereolos describes as "positive healthy support and making sacrifices through sickness and in health—what being a family is all about." ☀

the beam family

The bedtime routine in the Beam household is happily chaotic. The three kids—daughters Breckyn, 5, and Paisley, 8, and son Daxton, 7—take a shower or bath, then the girls might practice some cartwheels before everyone snuggles up to read books or watch American Ninja Warrior.

It's what happens next that sets their nighttime ritual apart. In Breckyn's room, mom Harlee and dad Brian peek at the iPhone sitting on the bedside table, just a few feet away from the new kindergartner. They open her continuous glucose monitoring app and note the number. All good; it's time for goodnight kisses and lights out.

For many families, keeping their kids away from their screens is a constant battle. But smartphone technology has revolutionized the way the Beams care for Breckyn, who has type 1 diabetes. The Dexcom system Breckyn uses serves as a source of comfort for her parents, grandparents, teachers, and other family members who have 24/7 access to Breckyn's blood sugar numbers thanks to the Dexcom app.

This sort of real-time data is a far cry from how Harlee's parents managed her own type 1 diabetes

"Our lives have changed ... but it's banded us together. We've grown even tighter."



Harlee Beam (right), shares a moment at bedtime with her daughter, Breckyn, as they check the Dexcom app on Breckyn's smartphone.

when she was little girl. After she was diagnosed at age 8, "it was all about constant fingerpricks," Harlee, now 37, recalls. She admits that when Breckyn was diagnosed earlier this year, "It was my worst nightmare come true. I didn't want to believe she would have to go through what I've gone through." But thanks to laser-sharp communication between Mom and Dad, caring friends and family, and modern-day technology, managing Breckyn's diabetes has become a true family affair—one that's proven to them that "we can make it through tough times," says Harlee.

The chance of developing type 1 diabetes in the general population is 1 in 200. (Harlee herself was that one person; she was the first person in her family to ever be diagnosed.) For first-generation relatives—offspring, siblings, or parents of someone with type 1—the likelihood jumps about tenfold, to 1 in 20.

All three Beam children were born prematurely but healthy (premature delivery is a known complication for moms with type 1). But when Breckyn accidentally wet her pants in January of 2019, followed by near-constant bathroom trips the following day, alarm bells went off for Harlee. She checked Breckyn's blood sugar using her own equipment. It was 390 mg/dL.

Breckyn's pediatrician sent her to the same hospital Harlee had gone to when her diabetes was discovered in 1989.

The first few days were "a shock, blur, and pure sadness," Brian says. "Harlee was putting the blame on herself, even though the doctors told her it's nobody's fault."

"I'd be crying, and Brian would say, 'Look at you! She'll be great!'" Harlee recalls.

On the inside, though, the new diagnosis had stunned Brian, 39, in a different way. For years, he had lived with a partner with type 1, but "Harlee had an insulin pump and was so self-sufficient that I never really experienced the daily grind of it all. Now, having our own kid with it, I was witnessing all the procedural stuff—the configurations, the math, figuring out the dosage." The onslaught of new fears and responsibilities felt overwhelming.

Harlee admits her desire to protect Breckyn manifested as helicoptering for the first few months—frequently emailing the doctor with questions; staying at playdates that normally would've been drop-offs. But after nearly a year of parenting a child with diabetes, both parents have settled into a more comfortable, albeit still vigilant groove. "She has to be a kid first," Harlee says. "If we're at a birthday party and it's

time for cake, I'll say, 'OK, have a piece and I'll give you a shot in a few minutes.' I don't want to make her stop everything, wait for the shot, and have her feel singled out."

The start of kindergarten has meant longer school days, but the connectivity offered by her app grants the Beams a sense of peace. Plus, before school began, they met with school staff to discuss Breckyn's 504 plan, which ensures that everyone at the school, including the librarian and Breckyn's bus driver, knows about her diabetes and is prepared with glucose tablets and other critical tools.

But Breckyn isn't slowing down. "She's an energetic third child who wants to keep up with everyone else, and she's my toughest-minded kid," Brian says. True, diabetes has added "a layer of complexity to getting everyone out the door—we need needles, insulin, her blood sugar meter for backup, and we have to make sure her phone is always on her and connected to Wi-Fi." But Breckyn's still living her best life, whether that's attending cheerleading summer camp, trick-or-treating (Skittles are squirrelled away for blood sugar lows), or camping with her family in Wisconsin. "Our lives have changed, that's for sure," Brian says, "but it's banded us together. We've grown even tighter." ☀



Siblings Daxton, Paisley, and Breckyn share a laugh as their stacking game tumbles.

the shockley family



"[My family] made me feel safe, like I was going to be OK."

Cherise and Scott Shockley have learned how to best support each other.

In the summer of 2004, Scott Shockley was stationed with the Army in Iraq when he received a handwritten letter from his new wife, Cherise, then 23 years old, notifying him that she'd been diagnosed with type 1.5 LADA. Latent autoimmune diabetes in adults is a form of autoimmune diabetes where the body mistakenly attacks the cells in the pancreas that produce insulin (as with type 1), but that progresses more slowly, so those who are diagnosed may not need insulin right away (like type 2).

Months later, Cherise, also a veteran, needed her first insulin shot. By this time, Scott had returned to their Belton, Missouri, home, and Cherise was pregnant. Thanks to his experience inserting IVs in the Army, Scott was ready. Cherise? Not so much. She remembers saying "I'm ready. No, no, no, I'm not ready!" while Scott held the insulin. Fortunately, Scott's daughter (Cherise's stepdaughter, who she lovingly calls her "bonus daughter"), Quynceee, then 10, was there to hold Cherise's hand. "The two of them made me feel safe, like I was going to be OK," says Cherise.

From day 1, Cherise says, Scott has been a pillar of support. "He's the cook in our family, so he made sure our meals had the proper amounts of vegetables, protein, and carbs. He'd help me check my blood sugar. We would take a walk at 10 p.m. to get my high blood sugars down because I was scared of hurting the baby." (Their daughter, Niya, is now a happy, healthy 13-year-old.)

Over the years, Cherise has given that support back to the diabetes community tenfold. She's been an outspoken advocate, founding the Diabetes Social Media Advocacy weekly Twitter chat (#DSMA) and the Women of Color Living with Diabetes Instagram account (#WOCDiabetes). Then, on her 10-year LADA "diaversary," she added another area of expertise to her résumé: wife of a PWD type 2.

For months, Scott had felt exhausted, shaky, and mentally foggy. Diabetes, though, was far from his mind. For one thing, Scott's flulike symptoms were totally unlike what Cherise had experienced prior to her diagnosis (she'd had frequent urination plus a treatment-resistant yeast infection). He also lacked any classic risk factors.

Once he was diagnosed, his initial doctor's appointments proved frustrating, because health care providers, familiar with Cherise's experience with LADA, would address her, not Scott. Adds Scott, now 47, "I spoke up and said, 'You need to talk to me. I need to learn how to manage my own diabetes.'"

Still, Scott says he wishes he hadn't ignored what he now realizes was valuable advice early on, when Cherise warned him of the perils of diabetes burnout. "I said, 'I've got this,' but I'm a competitive person, and I wanted to prove the doctors wrong,"



The family dog joins Cherise and her daughter Niya as they play a card game.

Scott says. "I felt like if I ate perfectly and exercised all the time, it would go away. I got burned out in nine months."

In 2017, the Shockleys were stunned when Quynceee, then a 22-year-old fitness competitor pregnant with her second child, was diagnosed with LADA. Another LADA diagnosis in the family seemed unlikely, especially because Quynceee is related to Scott by blood, but not to Cherise. (That said, researchers now suspect that LADA is more common than once thought. A 2018 review of studies from around the world estimated that 4 to 14% of people diagnosed with T2D may actually have LADA, as indicated by the presence of autoantibodies and other key factors.)

When Cherise was recently invited to speak at a Children with Diabetes conference in Orlando, Niya came too. While there, the teenager declined the optional testing being offered for diabetes-related autoantibodies. Instead, she and her mother spent quality time hanging out with other PWDs and their families, touring Universal Studios, and shopping at Disney Springs during their free time.

"Mom has type 1.5, Dad has type 2," Niya says. "If my parents see signs of it, I'll get checked out, but [for now] I just want to focus more on being a kid than on waiting to get diabetes."

Today, Cherise and Scott like to treat their shared diagnosis with a bit of humor, playing games like "Guess My Blood Sugar," or blaming occasional moodiness on a low, even when it's really just one of them being grumpy. "Cherise used to say, 'You can't hold that against me because I was low,'" Scott says. "Now I can, too." ☀

the martinez family



"This is a genetic thing, not a character flaw, not something anyone did wrong."

Left to right: Marina Gonzalez, Guadalupe Gonzalez, and Leticia, Martin, and Adriana Martinez gather before a family meal.

It took a bit longer for the Martinezes to accept diabetes' presence in their family tree. For instance, Adriana learned she had prediabetes at age 15, but didn't seek help until her 21st birthday, when a weekend Las Vegas celebration was clouded by extreme thirst and nonstop restroom trips. Martin admits he waited almost a decade to start developing a game plan; Leticia, even longer. "In the Latin culture, a lot of people think diabetes will go away on its own," Martin says, "or that just making small lifestyle changes without monitoring what you eat and taking medication will make a big difference."

Even after the Martinezes' family doctor told Martin, "This runs in your family, but if you take action now, we can hopefully reverse this and put you on the right path," he remained in denial. Leticia would urge her son to take his diabetes more seriously, but he says, "it was, like, 'You don't take care of yours either, Mom.'"

In January 2019, Martin was admitted to the hospital with ketoacidosis. That, he says, was the kick he needed to start making real changes, starting with meeting with Virginia Valentine, an advanced practice registered nurse and certified diabetes educator at Clinica La Esperanza in Albuquerque, who was already working with Adriana and Leticia. Valentine helped Martin come to terms with his diabetes diagnosis, introducing him to the latest medications and technology in a way that made him feel "like I was taking control of diabetes without letting diabetes take control of me," he describes. She has also inspired fresh, low-carb takes on some of their favorite foods, like replacing a potato side dish with calabacitas, a Mexican dish made with sautéed squash, onion, green chile, a little corn, and some cheese.

Valentine says she can't help but think of her own family when she visits with the Martinezes because "everyone in my family has type 2 diabetes too." Valentine was diagnosed nearly four decades ago, at 31; her late parents had it, as do her brother and her daughter, who's also a diabetes educator. "This is a genetic thing, not a character flaw, not something anyone did wrong," she says. About 10% of the U.S. population lives with type 2 diabetes. Risk varies among racial and ethnic groups, and rates are especially high in the Native American, African American, and Latino communities. If both of your parents have type 2, the probability of you having it is between 25 and 30% if you're Caucasian, Romeo says, but the risk rises to 50% for members of at-risk ethnicities.

Valentine says it's not unheard of for people to "keep their diabetes a secret from relatives because they don't want to be blamed and shamed, or don't want to be told what to do, how to eat."

Not in the Martinez family. They're dedicated to shoring one another up. "We'll be at a doctor's appointment and one of us will ask, 'Am I forgetting any questions?' and someone will say, 'Yes, remember you wanted to ask about XYZ?'" Adriana describes. When Leticia struggles with diabetes-related issues like blurry vision or foot pain, her kids jump in with moral support and frequent reminders for her to take her medication. The kitchen, previously home to three types of soda at all times, is now soda-free—a move adopted by everyone, diabetes or not. And, after a recent ER visit for dehydration left Martin "bummed out on the couch," says Adriana, "I told him, 'Whatever you need, let me know. I'm your chauffeur. You can count on me for anything'."◆

5 Tips for Managing Diabetes as a Family

1 MEAL-PLAN TOGETHER If the whole family makes a change, those with diabetes won't feel as singled out, Bereolos says. "If your family usually has dessert, maybe you can switch from brownies to a berry parfait or frozen yogurt. Everyone gets on board." Often, families end up discovering a new favorite item together, like the Martinezes did with their fruit-infused water.

2 CHECK YOUR BLOOD SUGAR Yes, even if you're the family member who doesn't have diabetes! "A parent can check her blood sugar, or even stick herself with a pen needle (without insulin) every once in a while so the child doesn't feel so alone," Bereolos says.

3 GET SIBLINGS INVOLVED This can be especially helpful for young ones, "who love going to get things for their big brother or sister," Bereolos says. "Ask them to grab the snack, or the insulin from the refrigerator. They'll be thrilled." She also encourages parents with multiple children to devote extra quality time to the kids who don't have diabetes. "Parents spend so much extra time with the child with diabetes—appointments, school meetings, checking in throughout the day." Help buffer any jealousy with special one-on-one dates.

4 ENCOURAGE ROUTINE CHECKUPS Only about a third of U.S. adults get an annual physical exam. But regular exams give doctors the opportunity to spot risk factors for diabetes, Romeo says.

5 REACH OUT FOR HELP "Parents can become so anxious or fearful when their child's blood sugar greatly fluctuates," Bereolos says. Such fears tend to escalate during transitions into high school or college, when a parent has less control over a child's actions. She encourages parents of kids with diabetes to find a therapist to help manage their own anxiety that comes with being a caregiver.