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Acute diabetes sufferers need help with glucose monitors

■ **Rebecca Johnson**



The government does not fund continuous glucose monitors. It comes out of my pocket and it costs me, a young person living with diabetes, more than \$5000 a year to run.

I fund it because I want to live a healthy, complication-free life, away from emergency admission and hospital stays, dialysis, eye laser treatments, chronic wound care and amputation surgery.

Continuous glucose monitoring can prevent hospital admissions and expensive long-term medical care for people with type 1.

In a time of extraordinary healthcare costs attached to diabetes care, our Federal Government needs to recognise that by supporting people with type 1 to take the very best care of themselves, the burden on the health system will be significantly reduced.

This device can save my life.

My monitor is set up to sound a loud alarm when my blood glucose level is dropping.

It wakes me in the night when it identifies a dangerous downward trend before my glucose is so low I can't move or help myself.

To me, continuous glucose monitoring technology is the single most important innovation in diabetes management since the invention of synthetic insulin.

It gives real-time glucose information to people with diabetes to identify trends in their levels and fine tune their diabetes control.

This essential biofeedback is something that every person with type 1 diabetes needs to better understand and manage their condition.

It is also the only technology that can help prevent "dead in bed" syndrome, where people go to bed with normal blood

glucose levels and are found dead in the morning from massive, undetected overnight hypoglycaemia.

Continuous glucose monitoring is streets ahead of pricking your fingers up to 10 times a day to test your blood for glucose. Testing like this is relatively easy in daylight hours, but often many hours are left unmonitored overnight.

Unmonitored glucose levels are fraught with danger. Glucose levels that are too high damage every organ and system in the body, increasing the risk of kidney failure, heart disease or blindness.

And if glucose levels drop too low, the sleeping person can seize, fall into a coma, and die.

A hospital admission for a single severe hypoglycaemic event costs the public system over \$5000. Treatment of diabetes-related complications can cost more

than \$11,000 a year per patient.

People with diabetes in Australia are lobbying our Federal health minister to consider subsidising continuous glucose monitoring in the name of Daniella Meads-Barlow, who died at age 17 in her sleep from severe low blood glucose.

We add the voice of the Telethon Type 1 Diabetes Family Centre to the call.

It takes a visionary government to invest in new technology, and the case for funding continuous glucose monitoring is compelling. It will save the public system money, time and resources immediately and in future.

It will also give me and other sufferers a daily blessing. We will wake up in the morning.

■ Rebecca Johnson is the general manager of the Telethon Type 1 Diabetes Family Centre

Managing type 1 diabetes comes at a cost. It costs me dignity, like the time I was spoon fed honey on the floor at a party because my blood glucose was so low I couldn't see or talk.

It costs me time: countless hours calculating insulin doses, testing my blood, counting carbohydrates. It costs me opportunities, at work and in life. It also costs a lot of money.

To monitor my blood glucose around the clock I use a thousand-dollar machine that runs on a battery that costs \$500 to replace.

The sensors which I insert beneath my skin to read my glucose level cost \$100 and must be replaced every six days.