



TRIGR Canada Family News

This TRIGR Newsletter is dedicated to the memory of Joe McMahon, father of one of our TRIGR HLA eligible participants. Joe McMahon passed away suddenly on March 2004 leaving behind his pregnant wife and two sons. May you always be remembered.

Everyone has a lucky number. It represents their birth date; their team sports number; the day their child was born...mine was the number 12. It was

the day I took my vows including the one 'til death do us part'. What I didn't know at the time was that number, the number 12, would bring that vow into play much sooner than I would have ever imagined.



I first met my husband, Joe, in 1994. He was handsome, intelligent, funny and generous. He had a "joie de vivre" like no one I've ever met before. He made everyone feel at ease. He forced everyone to laugh with his jokes and antics. He amazed people with his generosity and wit. He drew you in with one look and never judged a book by its cover. He was also a Type 1 diabetic although

you'd never have known that he suffered from one of the most devastating diseases out there. When I met Joe, I had no real knowledge about diabetes. I didn't know what a profound effect it has on a person's life and their family's. I soon found out.

Joe was diagnosed when he was 20. He had finished his freshman year at the University of Ottawa and was enjoying his summer holidays. He was preparing himself to return to football camp with a rigorous training regimen when he knew something was wrong with his health. Joe realized he needed to treat his disease with care or it could turn his life upside down.

Fast forward to December 1999. We had become parents to a colicky baby. We took turns at night walking the baby around so he wouldn't cry and one of us could get some sleep. It was becoming difficult to control his blood sugars with the 2 insulin shots he was taking each day. In the summer of

2000, he had been playing touch football in a tournament here in Ottawa. Early Monday morning I was feeding the baby in the nursery and heard strange sounds coming from our bedroom. When I finally made it to the room, Joe was convulsing. I was terrified. I called 911. When paramedics arrived they pulled out a huge needle full of glucose and jammed it into him. He was taken via ambulance to the General Hospital where he remained for a week. He was given a second chance - and he never took his life for granted again.

The next four years our lives were all about his diabetes. He took 4-5 insulin shots and as many sugar checks each day. He ate good carbs, lower fats, lots of fruit and veggies, limited his alcohol, quit smoking, saw his doctors every 3 months and exercised regularly. We had another son and found out about the **TRIGR** study when I was pregnant with him. Joe was devastated to learn that J.T. was at high risk of be-

coming a diabetic. He felt responsible and hoped daily that J.T would not have to suffer as he did, secretly so did I. We were happy to learn of all of the advances that were being made in diabetes research and were looking forward to the day when Joe would no longer have to take his insulin shots.

On the evening of March 11, 2004, Joe went to play hockey with the guys at around 9:30pm. I kissed him goodbye, told him I loved him and to not be too late (I was a worrier-like my dad). At around 12:45am, after helping Jake then 4, go to the bathroom and get back

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into bed, I found Joe slumped over the toilet. I had no idea what was going wrong. I called 911. The paramedics tried to save him but to no avail. He had succumbed to a diabetic induced heart attack.

Six months later I gave birth to our third child, a little princess. Josey (pictured right) is the daughter he had always wanted and would never get the chance to know. She has his spirit.

She smiles constantly and compels you to smile along with her. She is truly her father's daughter.

I recently heard a song on the radio and its lyrics summed up not only how I feel about her, but how I feel all three of my children have helped me to move forward everyday remembering a man who touched all of our hearts and always will.

~ Shannon O'Neill

"In my daughter's eyes everyone is equal

Darkness turns to light and the world is at peace. This miracle God gave to me gives me strength when I am weak.

I find reason to believe in my daughter's eyes And when she wraps her hand around my finger Oh it puts a smile in my heart

Everything becomes a little clearer

I realize what life is all about

It's hangin' on when your heart has had enough

It's giving more when you Feel like giving up I've seen the light It's in my daughter's eyes"



Baby Josey

TRIGR Tribute

We, the study coordinators, dietitians and investigators have met many unique and fantastic families since the inception of TRIGR Canada in June 2002. You, as TRIGR participants have shown us a snapshot of your lives living with someone with Type 1 Diabetes and for that we, the TRIGR study personnel thank-you.

One specific TRIGR family, will always be remembered. Last January, Gigi Lough, the study coordinator from Ottawa, met a TRIGR couple at Ottawa's first JDRF Research evening. Gigi was having computer technical difficulty when a

man, Joe McMahon came up and offered his help. One year later, following his sudden death, Shannon, his wife, and Gigi have met again at another JDRF function. Shannon told Gigi, one year and three children later that she is planning on running the 10K marathon in Hawaii to help support research! She will also continue the annual Golf Tournament in Ottawa in memory of her husband which started last year by friends of Joe's. This TRIGR Newsletter is dedicated to the memory of Joe and his family. Shannon on behalf of Ottawa, we wish you all the best with your training for the 10K marathon and ongoing support for the organization of the annual golf tournament.



WALK  TO CURE DIABETES

JDRF Juvenile Diabetes Research Foundation

dedicated to finding a cure

Next JDRF Walk in your Area

May 29 — Calgary, Burnaby (Van), Moncton, Montreal, Saskatoon, St.Catherines (Niagara Region), Toronto

June 5 — Barrie, Edmonton, Kelowna, London, North Bay, Saint John, Waterloo, Winnipeg

June 12 — Aldergrove (Fraser Valley), Halifax, Hamilton, King City (York Region), Kingston, Mississauga (Peel Region), Ottawa, Regina, St. John's, Sudbury, Victoria, Windsor

Website of the month:
<http://www.jdrf.ca>



Centre Spotlight: Halifax

Located in Halifax, Nova Scotia, the IWK Health Centre provides tertiary care to children, women and families in the Maritime Provinces. Each year there are approximately 5,000 babies delivered at the IWK. While most TRIGR participants are recruited here at the IWK, the following centres have joined CAN12 site in their efforts to identify and assist with TRIGR study procedures: **Queen Elizabeth Hospital, PEI, Cape Breton Regional, Valley Regional, Cumberland Regional and Pictou Regional.**

We also receive help from the Capital District Health Authority to identify potential T1D males who see Endocrinologists at the Queen Elizabeth II Health Sciences in Halifax.

CAN12 TRIGR Study Group
Dr. Beth Cummings, Principal

Investigator has been a Paediatric Endocrinologist at the IWK Health Centre since 1999. She is an active clinician and teacher who is also involved in a number of research projects in T1D and paediatric endocrinology.

Dr. Anthony Armson, Co-Investigator is an Obstetrician/Gynaecologist at the IWK Health Centre since 1989. Dr. Armson is Medical Director of the Pregnancy and Diabetes Program that provides preconceptual, prenatal and postnatal care for moms with T1D.

Dr. Lynne McLeod, Co-Investigator is an Obstetrician/Gynaecologist at the IWK Health Centre since 2003. Dr. McLeod was involved in TRIGR during her Fellowship at University of Toronto.

Dr. Arati Mokashi, Co-Investigator joined the TRIGR Team in 2003 as a

Paediatric Endocrinologist. She completed her Fellowship training at McGill in Montreal.

Vanda Ivanko, Study Coordinator has been an Endocrine Research Study Coordinator at the IWK Health Centre since 2001. She has a background in Family Practice, General Surgery and Cardiovascular Surgery.

Anita McPhee, Perinatal Research Nurse joined the TRIGR team in September 2002. She has been at the IWK since 1990; her experience is an asset during the recruitment phase of TRIGR.

Paula Canning, Dietitian is involved with counselling families and children with diabetes. Paula conducts the dietary interviews for the TRIGR Study. **Lisa Morrison** has ably filled the role during Paula's recent maternity leave.



Fun Fact

Left Brain/Right Brain :

While sitting at your desk, lift your right foot off the floor and make clockwise circles.

Now, while doing this, draw the number "6" in the air with your right hand.

Your foot will change direction and there's nothing you can do about it.

Health News: Ouch! Preparing for your Child's Blood Draw

A very important part of TRIGR is the information obtained from blood samples provided by your child. Obtaining these blood samples may be unsettling for both you and your child, but we hope to make the process as smooth as possible.

When your child has their blood drawn, they may become upset by being in unfamiliar surroundings. They may begin to cry as soon as they enter the room or when the tourniquet is applied. This is a normal response and your child will likely cry more for these reasons than because of the actual blood draw.

It is important to encourage your child to be as calm as possible during the collection procedure. You can assist us by preparing your child for the experience. It is very important to make sure your child is well hydrated by drinking plenty

of fluids before the blood draw.

Tips to comfort your infant during and after the blood draw:

- * Hold your child, if possible, during the blood draw.
- * Have a favourite toy to distract the baby.
- * Talk or sing to your baby during the procedure.
- * Offer a soother during the procedure if possible
- * Breast or bottle feed right after the procedure.

Tips for preparing your toddler for blood draw:

Give your child a short (~5min) explanation about the procedure *directly* before the blood draw. Tell the truth.

- * Describe to them how the procedure

will feel. Tell them the tourniquet will feel tight, someone will help hold their arm, and there will be a little pinch.

- * Tell them that it will hurt a little bit, but it will be over quickly and then the hurt will go away.
- * Allow them to bring a favourite toy or "blankie".
- * Give your child permission to cry to express their pain or discomfort.
- * Emphasize good things that will happen after the blood draw (ie. going home, feeling better, a treat, learning important information).
- * Praise your child on how well they did.

We express sincere thanks to all the families who make tremendous efforts to ensure that these valuable samples are collected!

Booster Seat Safety

Recent surveys have shown that a majority of parents do not know the proper age for their child to move from a car seat to a booster seat.

Few people realize that seat belts are designed for adult bodies. Most children don't reach the minimum size requirement to use a seat belt alone until **at least age 9**, often older. Seat belts are designed to keep people from hitting the inside of the vehicle or being ejected in a crash. To do this, a seat belt must put a great deal of pressure on the body to hold a person in place. The belt is designed to cross over the bones of the shoulder, chest, and hips, not soft tissues, since bones can better withstand the pressure of the seat belt in a crash. **When a child**

is too small for a seat belt, it crosses over the wrong places such as the neck and abdomen. These vulnerable areas, rather than the tougher hip and chest bones, would absorb the forces of a crash. Transport Canada provides the following guidelines:

Stage 1: Rear facing child seat - use from birth until about age 1

Stage 2: Forward-facing child seat - use from 10 kg (22 lbs) until about 18 kg (40 lbs); from about age 1 to 4½ years

Stage 3: Use a booster seat from 18 kg (40 lbs), generally from about age 4½ to 8 years.

Stage 4: Use the vehicle rear seat and seat belt (ideally with a shoulder belt) from the time your child has outgrown

the booster seat, from about age 8.

When is a child ready to use a seat belt alone? There are two key criteria:

Seated height. A child needs to have a seated height of **at least 25 inches (63 cm)** before he or she can be considered for a seat belt. When a child is sitting down, this is the measurement from the tailbone to the top of the head.

Seat belt fit. Next, parents should try the child in the seat belt. The shoulder belt should cross the chest without touching the face or neck, and the lap belt should fit low over the hipbones and stay there without riding up onto the abdomen. The child must also be able to bend his or her knees comfortably over the edge of the vehicle seat while sitting up straight.



Pineapple Pork

Ingredients:

- ¾ lb. Lean boneless pork loin, trimmed and thinly sliced
- 2 tsp. Canola oil
- ½ tsp Paprika
- ½ tsp Ground ginger
- Freshly ground pepper
- 2 Medium carrots, thinly sliced on diagonal
- ½ medium green pepper, cut into large slivers
- ½ Medium red pepper, cut into large slivers
- 1 Small onion, sliced lengthwise into wedges
- 14oz Can of Pineapple tidbits, juice reserved
- 2tbsp White Vinegar
- 1 tbsp. Brown sugar, packed
- ¼ cup reserved pineapple juice
- 1 tbsp low-sodium soy sauce
- 2 tbsp Cornstarch

Directions:

* Saute pork in canola oil in large frying pan for 1 minute. Sprinkle with paprika, ginger and pepper. Saute until no pink remains in pork.

* Stir in next 4 ingredients

* Reserve ¼ cup pineapple juice. Set aside. Add remaining juice and pineapple to pork mixture. Drizzle with vinegar. Sprinkle with brown sugar. Stir. Bring to a boil. Cover. Simmer for 30 minutes until carrot is tender.

* Combine reserve juice, soy sauce, ketchup and cornstarch in small bowl until smooth. Stir into pork mixture. Heat and stir until boiling and thickened.

* Makes 5 ¼ cups. Serves 4.

*Can serve on brown rice.

Nutritional Information: (1 serving)

274 Calories; 7.5g Total fat (1.9g Sat, 49.7mg Cholesterol); 279mg Sodium; 20g Protein; 32g Carbohydrate; 3g Dietary Fiber

Choices: 3 Fruit & Vegetable; 2.5 Protein



Attention TRIGR Families: Refer a Friend

We will continue to accept new subjects for enrolment into the TRIGR study through spring 2006!

Do you know a pregnant woman who either she herself or the father of the baby has Type 1 Diabetes, or a full-sibling to the baby has Type 1?

If so, please help our TRIGR family grow and refer a friend, or two, to the TRIGR study! **1-888-STOP-T1D**