



TEDDY Fun Facts

8668 – number of TEDDY participants worldwide:

Washington
1374

Colorado
1375

Florida/
Georgia
965



Sweden
2525

Finland
1834

Germany
595

102 – number children diagnosed with diabetes.
176 – number children diagnosed with celiac.



**Cash Your
TEDDY Checks!!**

Please cash your TEDDY checks as soon as possible! We are changing our payment process and all checks will be mailed directly to you instead of picking it up at the visit. This is due to the number of expired checks we've had to reissue. This process is time consuming for us but results in even more time and effort by the University. The University doesn't want to continue reissuing expired checks for us and we want you to have your hard earned TEDDY money! Checks will be mailed twice per year, once before your child's birthday and 6 months later. You should now have your check before your TEDDY visit. If a check is lost please notify us immediately so it can be reissued before expiring. Contact us when you move so the check will be mailed correctly.



Meet a fellow member of the TEDDY Colorado Family:

Gerald
2 years

Changes in the Patterns of Developing Type 1 Diabetes

Scientists have noticed some interesting changes in the timing of young children developing type 1 diabetes (T1D). Not only is T1D becoming more common each year, but children are developing the disease faster than they did even 15 years ago. A paper published in the *Journal of Autoimmunity* compared results from a German type 1 diabetes research study called BABYDIAB to results from TEDDY. BABYDIAB started studying children 15 years before TEDDY began. Children in BABYDIAB who had a parent or sibling with T1D were compared to children in TEDDY who had a parent or sibling with T1D. In both groups children began testing positive for the autoantibodies for T1D around the same age. However, autoantibody positive children in TEDDY went on to develop T1D sooner than those in the earlier BABYDIAB Study. These results show the nature of T1D in young children who have a parent or sibling with T1D is changing. Children are now more likely to progress faster to T1D and are diagnosed at a younger age. Without the TEDDY Study we would not know about this change. It is important to understand why this is happening so that maybe we can prevent it in the future. Your participation in TEDDY makes a difference.

Please contact TEDDY if you'd like a copy of this publication. Ziegler, Anette G., et al *Journal of Autoimmunity* 2011.

Research on Stool Begins!

- The TEDDY Infectious Agents Committee are getting down and dirty in studying your child's poop!
- Samples are being examined at 6 Universities around the world so TEDDY can learn more about the exact viral and bacterial infections in the gut that show up in TEDDY kids poop.
- These new studies will really help us understand how the kids who develop diabetes are different from the kids who do not.
- All of our TEDDY kids are equally important in this project.
- HATS off to you and our TEDDY kids for being so diligent in sending in the stool samples. Please keep them coming!



Parent & Sibling Blood Draws

TEDDY Colorado has new protocol approved:

- WHO:** Biological parents and siblings (half and full) of the TEDDY child are eligible for a genetic study.
- WHAT:** Each person will have about 1 TBLS of blood drawn.
- WHY:** So we can learn more about how diabetes related genes are passed through families. It is important to note that this blood sample will be stored for future testing. You will not receive genetic test results.
- YOU GET:** You can have a one-time screening for T1D autoantibodies, the sign that the immune system may be attacking the pancreas.
- Please contact TEDDY if you'd like to be a part of this study so we can be sure to set aside enough time for your family.



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COLORADO TEDDY NEWSLETTER

The Environmental Determinants of Diabetes in the Young

www.teddystudy.org

www.teddycolorado.org

TEDDY mom blog



If you haven't checked it out yet we have a blog written by a TEDDY mom who is also a staff member at one of our sites. The blog is still going strong with many interesting posts. Go to teddystudymom.blogspot.com to see blogs about difficult blood draws, poop samples, interviews with adults who have celiac disease or diabetes, parents of children with celiac disease and many more. Below is an excerpt from an upcoming blog about having a blood draw at TEDDY.

TEDDY Blood Draws

Despite having a couple of successful blood draws, unfortunately the trend did not continue with C's next TEDDY visit. The 27 month visit started off with a big struggle putting the numbing cream on at home. He had calmed down by the time we arrived at the TEDDY clinic, but he was still hesitant to come into the building, and when we got to the clinic room, he wasn't his usual cheerful self but was very clingy and didn't want to play with the toys. He wouldn't even smile for the picture!

Eventually he settled down while we were going over the questionnaires, and he did great with height and weight, but when it came time to do the nasal swab, he got very upset again. Throughout the winter he has been sick a lot, so has had to go to the doctor when he's tired, sick and cranky. At his most recent doctor visit, they did their own nasal swab to check for flu, but the way it was done was much more invasive than the TEDDY nasal swabs. I think that C remembered how painful it was, and he wasn't happy to have to go through that again. He continued to cry throughout the blood draw, and couldn't be soothed, even with a sucker, until it was time to leave... **See blog for how this turns out and more**

Upcoming blogs :

- Elmo goes to TEDDY
- An interview with a parent of a child with celiac disease

Activity Monitors



TEDDY is looking at the possible connection between activity levels and the development of autoantibodies. We would like to invite all participants 5 years and older to be a part of our newest TEDDY practice – the activity monitor. This is a simple process that will involve your child wearing a very small monitor around their waist for 7 days in a row including sleeping time and school days. The monitor is similar to a pedometer, but measures movement in all directions. At the end of the 7 days, the monitor is mailed back to the clinic. Families who have tested the monitor have told us that it is very easy and does not require a lot of effort on their part.

If your child is 5 years or older, your clinician will give you more information and be happy to answer any questions you may have at your next visit.

Close Monitoring in the TEDDY Study is Beneficial!

When children with type 1 diabetes (T1D) go undiagnosed they often go into a state of diabetic ketoacidosis (DKA).

- DKA happens when your body produces very high levels of blood acids called ketones and is a serious complication of T1D.
- Symptoms of DKA include excessive thirst, frequent urination, nausea and vomiting, decreased appetite, weakness or fatigue, labored breathing, fruity smelling breath, and requires hospitalization.
- A paper in *Diabetes Care* looked at whether children under the age of 5 in the TEDDY Study were less likely to develop DKA at the time of T1DM diagnosis than those in the general community.
- At diagnosis, only 11% of children in TEDDY were in DKA. This is compared to 36% in U.S. 32% in Germany, 18% in Finland, and 16% in Sweden who were **not** in TEDDY.
- This means that monitoring and education may help prevent this serious complication and studies like TEDDY may reduce the number of children with DKA at the time of diagnosis.

Ask us if you would like a copy of this paper.

Larsson, Helena E, et al., *Diabetes Care* 2011.



After 4 years of working at TEDDY, Leah Bomesberger left us at the end of December. She will be attending nursing school starting in

January. We will miss her very much and we know she had many families who loved to see her at each TEDDY visit. We thank her for her wonderful work with families, ideas to improve the study and much more. Good luck Leah!

Our Clinic Hours Are Changing

As budgets tighten all around the country, we too must make changes to decrease our costs. Starting in January 2012, we will offer late appointments on Tuesday, Wednesday and Thursday evenings. We will continue to have Saturday appointments. Please schedule the evening and Saturday visits well in advance as they book quickly. Thank you for your understanding.