

# A CLEAR ROUND

Like everyone else who is diagnosed with type 1 diabetes, dietitian, Dr Mary Flynn, found the first year very tough  
**Sheila O'Kelly**

Before dietitian Dr Mary Flynn, 53, was diagnosed with type 1 diabetes at the age of 41 she very rarely ate sweets. It is ironic that they are now a key tool for controlling her diabetes and her success at keeping her A1c (long-term blood sugar level) at 7 or below.

"Now the sweets and the sugar are always there as an adjustor when my blood sugar levels go too low. I think you need that. If you are keeping your blood sugar low and your control tight you need to be able to adjust it up," said Mary, who is Chief Specialist in Public Health Nutrition at the Food Safety Authority of Ireland. She is also an accomplished amateur horse rider and showjumper.

"When you are exercising you need your meter and your fast-acting carbohydrate," Mary said.

Even though Mary is a dietitian this does not make her immune to the awkward situations that anyone with type 1 diabetes can find themselves in. In fact, being a dietitian can sometimes make it more awkward.

"I was once in the embarrassing situation where I was on the panel at a conference as a dietitian where people did not know I had diabetes. I felt myself going low so I started eating from the bowl of sweets that the hotel supplied. I felt very awkward, but I didn't want to put them all in a spin by saying I had diabetes and my blood sugar had gone low.

"It was easier to put up with the reputa-



Mary Flynn and Paddy: in the past 12 months alone, among their many achievements, they have won rosettes at the Kilmacanogue Horse Show; qualified for the National Dressage Championship in Marlton Stud, Wicklow; won the Working Hunter at Ashwood RC Show in Gorey; and came second in a combined dressage and showjumping event in Boswell, Co Wicklow

tion of being a dietitian who ate sweets than to say I was diabetic. And for your career to be taken seriously I didn't want people to be saying well she's the one that can go a bit low..."

## Diagnosis was a shock

Mary was older than most adults are when first diagnosed with type 1 diabetes, but several other female members of her extended family were also diagnosed later in life.

For Mary herself at the age of 41, after a few weeks of not feeling well, losing weight and being thirsty, Mary one day looked in the mirror at herself and thought: "You look like you have diabetes".

She went to her GP and her blood sugars

were way off.

"It was unreal. I couldn't drive home. It was so shocking. "The diagnosis put me in a place where I found it difficult to put one foot in front of the other. And all I could say was thank God I had the knowledge I had. I don't know how new patients cope.

"It is so difficult. My husband was brought in and heard that you can lose consciousness if you have too high blood sugar or too low blood sugar. My husband couldn't get his head around it. He found it very traumatic.

"For me it was much easier to understand. But it was difficult to cope with what I could do and the loss of confidence. It's a huge challenge for patients

who are newly diagnosed. You have to go through your first low blood sugar and you have to keep a tight rein.

"Initially, it's easier because you have that honeymoon period. Thank God, it's nice that that's at the beginning. But I can imagine people never having the courage to go back and do all the things that they used to do.

"My consultant, Dr Richard Firth, reassured me that I could do everything except skydiving, parachute jumping and scuba diving. And I remember thinking thanks be to God I have an excuse not to do those!"

## Move to Canada

Shortly after Mary was diagnosed she moved with her husband Finn and three daughters, Clíona, Darina and Caoimhe, to Canada.

For a year or so after the move Mary found life difficult. Her qualifications were not recognised so she couldn't work and this meant she had lost her job; moved country; moved house and been diagnosed with a life-changing condition all at the same time.

"My daughter said to me 'My busy mum is gone'."

Mary was initially also frustrated by having to deal with an unfamiliar health care system. Her first GP was a lovely man but when Mary asked him questions he said: "Let me worry about that." They were not a match!

Mary moved to another GP who was more open to working with her.

Crucially, Mary also picked herself up and did the necessary study and exams to work as a dietitian. She then got a job in Calgary, a city of one million, as Manager of Nutrition and Active living for the city.

## Using an insulin pump

Mary found life also improved when she met a very active woman with type 1 diabetes who went rock climbing. She used a pump and said Mary would find it easier to managed her blood sugars and horse riding if she got a pump.

Mary was persuaded and in 2002, two years after diagnosis, Mary started using



Mary Flynn showing how she sometimes straps the pump around her leg – she finds she can move it easily to suit what she is wearing



The insertion site on Mary's back: the tube goes down to the pump strapped to her leg that feeds it insulin

an insulin pump.

"Then my husband, Finn, decided we should take the plunge and buy a horse – that I needed it. At this stage I was nervous about horse riding and especially jumping. But buying the horse helped me turn a corner and start recovering my confidence."

Before Mary started using an insulin pump, she found that even though she had in-depth knowledge of food, calories, energy levels and exercise, she still had difficulty balancing her blood sugars – although she had managed to keep her A1c at 6.5 or lower.

"I found the pump phenomenal. I think it was a good idea to be using the pen for the first couple of years. In an emergency now, I would know what to do.

"The first thing I felt when I put on the

pump was 'this makes me feel like I used to feel'. I had thought I would find it difficult to be attached to a gadget, but I found it much easier to get used to than I expected," said Mary.

Nowadays, Mary finds she does have to change the insertion site more often and has started to insert the tube on her back – of course the actual pump can be attached anywhere: at your waist, around your leg or wherever else suits the clothes you are wearing.

"What is great about the pump is that you can give yourself point one of a unit as a bolus. What I had been trying to do, with a pen, was to dial up one unit but that was often too much. With the pump if you wanted to have a hot chocolate, you could go in and give yourself a bolus (extra insulin dose) of .6 – so it brought