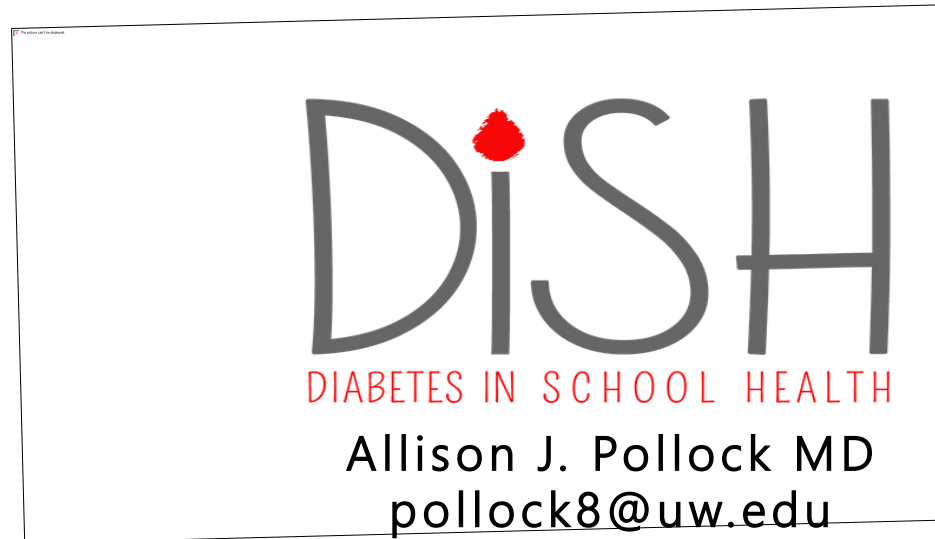


NOT Very Sweet.

The Honeymoon Phase and Expectation Setting



Outline

1. Honeymoon Nuts & Bolts – What and Why
2. What to do differently
3. Messaging: What you can tell families
4. At School - - PE and snacks



Honeymoon Nuts & Bolts

What is the honeymoon period (aka partial remission)

- Transient (months-years - - more common months)
- Increased endogenous insulin / insulin sensitivity
- Decreased exogenous insulin needed
- Occurs in ~70% of people newly diagnosed with T1D

<https://pubmed.ncbi.nlm.nih.gov/37739162/>



Honeymoon Nuts & Bolts

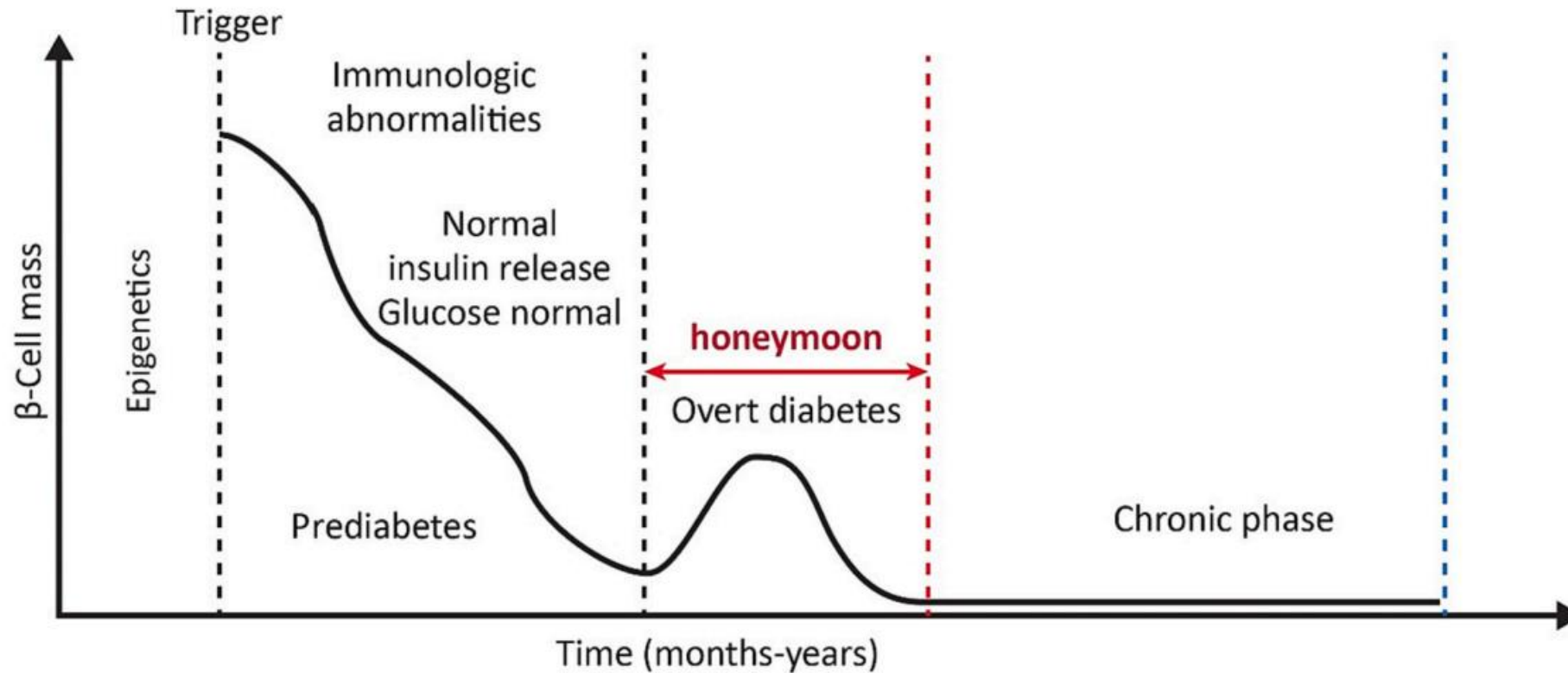


Fig. 1. Changes in the β -cells mass during different phases of the disease. Epigenetics induce diabetes type 1. Initially, the ICA, IAA, GAD, and ZnT8 antibodies are developed followed by the preclinical phase which can long from a few months to years. Next, the disease onset is clinically diagnosed, while accompanying a transient remission called the “honeymoon” phase. Finally, diabetes clinically advances to chronic and acute complications.

<https://pubmed.ncbi.nlm.nih.gov/37739162/>



Honeymoon Nuts & Bolts

Why does this happen?

- Lots of theories but not a precise/sure answer. Likely some increased beta cell function/mass at play
- Maybe some beta cells aren't as affected by autoimmune attack
- Maybe after sugars come down, there's more insulin sensitivity
- Maybe there's some regeneration/replication of beta cells?

<https://pubmed.ncbi.nlm.nih.gov/37739162/>



What to do differently

- **Don't over-applaud/praise at target sugars** – families may have false sense that this is how narrow the sugar range should always be. Reinforce sugars won't be in such a narrow range like this forever.
- **Be mindful of technology** – patients may get on CGM, pumps soon after diagnosis. Know that lower sugar ranges may affect guidance on tech use (e.g. hyperawareness of narrow range)



What to do differently

- Be ready to suggest family call clinic to make insulin plan changes (often reductions)
- Respond to highs/lows with an index of suspicion (there's probably more insulin in the body than what you're giving).
- Be ready for hypoglycemia



What to tell families

- *Whatever you can say to show you truly care.*
The honeymoon phase comes at a time soon after a new diagnosis of T1D – families are often stretched, overwhelmed, and grieving, while having to rapidly transition their lives to care for a child with diabetes. Your genuine care goes a long way and can set the stage for a healthy partnership.
- The honeymoon period is temporary. There is no cure for T1D.
- Check in with diabetes clinic early and often with questions, patterns, concerns.



At school: PE & snacks

1. Snacks – have lots of oral treatment handy - -there may be more low blood sugars than someone who is not in the honeymoon period anymore.
2. Exercise and physical activity are HEALTHY. They lead to increased fitness and insulin sensitivity.
3. During honeymoon, exercise effects on sugars can show up as even more low blood sugars (during or many hours after activity.
4. Pre-exercise carb-containing snack intake without insulin may help prevent some lows during exercise (see recent session for more ideas)



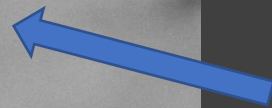
Summary

1. Honeymoon period is a temporary period where the student's pancreas is making some insulin and sugars tend to run lower and narrower as a result.
2. Be ready for more low sugar trends. Reinforce sugars won't be in such a narrow range like this forever.
3. The honeymoon phase is a challenging time: one key thing you can do is show you truly care.
4. At school, be mindful of exercise/PE, and have plenty of snacks ready in case of low blood sugars.





THANK YOU!
Please email me
with questions/ideas:
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Some sweetness!