

## 'Diabetics' Dilemma'

The story of four city employees living with diabetes

By Dave Schafer

### Chapter 1: The beginning is the end

**K**irby Waines enjoys "Supernatural." He watches back-to-back episodes while he sits in a chair at DaVita Spring Dialysis. A needle attached to a plastic tube is stuck into an implant in his left arm. The tube sucks his blood out, filters it and pumps it back in free of toxins and excess fluids.

Normally, kidneys filter out the extra fluids and toxins. But Waines' kidneys stopped working two years ago, shut down by untreated diabetes.

So three days a week, four hours a day, Waines gets dialysis.

"It takes so much out of you," he said. "For the rest of the day, you're nonfunctional. You're still feeling the effects the next day. By the time I'm feeling good, it's time to go back for another round."

He'll get dialysis until he finds a kidney-donor match. Or until he dies.

This is Waines' penance for neglecting his Type 2 diabetes, also called insulin-resistant diabetes. In Type 2 diabetes, a person can't use sugar correctly as fuel.

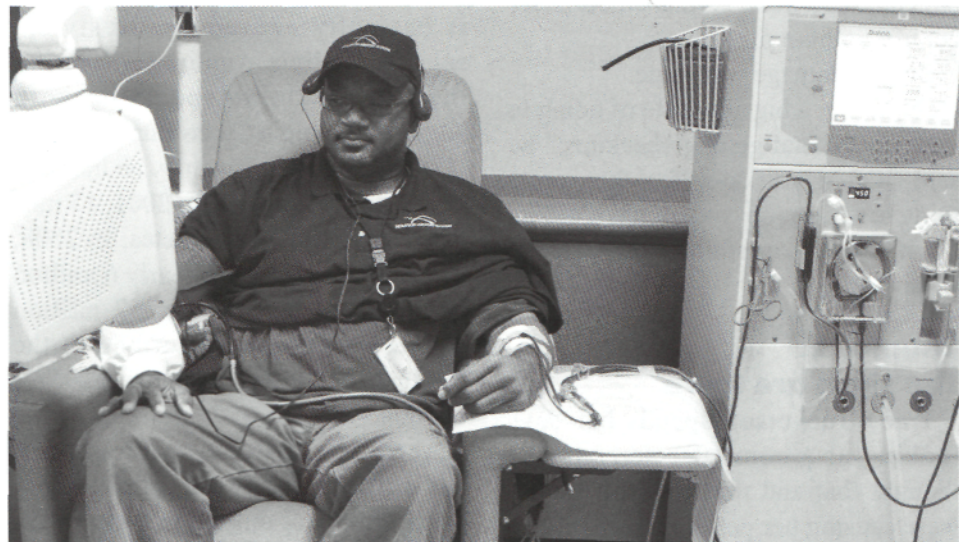


Photo by Dave Schafer

Kirby Waines watches television during dialysis. After he was diagnosed with Type 2 diabetes, Waines took his prescription medicine sporadically, and the diabetes shut down his kidneys.

About 80 percent of people with Type 2 diabetes contract it because they are overweight. Fat cells produce chemicals resistant to the use of insulin.

But weight wasn't Waines' problem. The 5-foot-10-inch, 185-pound Aviation supervisor who was diagnosed in 1996 at 23 inherited the condition.

He felt fine, so Waines took his metformin pills sporadically. Meanwhile, the blood vessels behind his eyes swelled and leaked, causing the retinas

to detach. Laser surgery fixed the right eye, but he needed more extensive surgery to fix the left one. Doctors took out the eye, peeled back layers to release fluids, reattached the retina, and put the eye back in. It still doesn't line up correctly with his right eye, he said.

The elevated sugar caused higher pressures and decreased blood flow in the kidneys. They couldn't filter waste, and

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protein leaked into his urine. The extra waste and fluids in his body added 30 pounds in two-and-a-half months.

When he lay down, the extra fluids choked him. When he walked a few feet, he had to catch his breath. The fluids collected around his chest, causing heart failure.

At just 35, Waines, a father of four, was in end-stage renal failure.

After a month in the hospital and 18 months of dialysis, his blood pressure has come down and his diabetes is under control without medicine.

But the damage was done.

“Now I’m a big advocate of going to your doctor and getting checkups,” he said. “Often, you don’t feel that something’s wrong, so you think it’s OK. Then, when something feels wrong, it’s too late.”

## Chapter 2: The signs are there

Tracy Tuckerson spends her days looking at a computer screen. She thought that and the stress of the job were causing her persistent headaches.

Then, she started getting thirsty and using the bathroom often. When she went, nothing came out.

Something was wrong.

When the doctor told her she had Type 2 diabetes, Tuckerson, an Avia-

tion manager, was surprised. Nobody in her family had diabetes. How could she have it?

But the signs matched up. When it has progressed, diabetes symptoms include shortness of breath, flushed face, stomach pain, fatigue, frequent urination or thirst, decreased appetite, headaches, and a host of other symptoms, according to WebMD.

At 5 feet 5 inches and 195 pounds, Tuckerson was overweight, and after a recent surgery, she wasn’t taking care of herself or eating right.

“Right now in the U.S., Type 2 is basically caused by lifestyle,” said Dr. Felicia Austin-Tolliver, an internal-medicine specialist with Kelsey-Seybold’s Cinco Ranch clinic.

Diabetes cases, driven by an increase in obesity, are raising. In 2001, 17 million Americans had diabetes. In 2008, it was 24 million, with nearly 6 million undiagnosed and another 57 million people prediabetic, according to the Centers for Disease Control and Prevention.

About 1 in 12 Texans have diabetes, and that number is expected to quadruple from 2.2 million to 8 million in the next 30 years, according to a state report.

When Tuckerson saw her doctor, she had a hemoglobin A1C of eight. A1C measures the body’s average glucose, or blood sugar, level for the preceding two or three months. It should be less than seven, Austin-Tolliver said. Tuckerson’s glucose level after fasting was almost 200. Normal is between 80 and 110.

Her doctor put Tuckerson on metformin, and she started exercising three times a week. She stopped eating junk food and started counting carbohydrates, limiting them to 60 grams a day.

Doctors, on average, recommend limiting carbs to 30 to 45 grams per meal and 15 grams for snacks, said Austin-Tolliver, one of 53 Kelsey-Seybold

physicians recognized for superior care to diabetes patients by BlueCross BlueShield of Texas’ Bridges to Excellence Diabetes Care Link program. To get recognized through the BTE program, physicians must pass the National Committee for Quality Assurance’s diabetes performance assessment program.

“The consistency of exercising makes a difference in a lifestyle,” Austin-Tolliver said. “Even if you have to break it up into 10 minute increments, just doing something consistently is important.”

Tuckerson has lost 40 pounds and her glucose level is around 100.

When she eats more carbs than she should, the headaches return. A run on the treadmill takes them away.

Her doctor wants to take her off her medicine in January.

“He said I get a gold star,” she said.

## Chapter 3: From one to another

La Tonia Moutra’s baby caused her diabetes. In about 4 percent of pregnancies, the placenta secretes hormones that cause insulin resistance, Austin-Tolliver said. That’s gestational diabetes, and it usually goes away after delivery.

About 30 percent of women who get gestational diabetes later develop Type 2 diabetes, Austin-Tolliver said.

Moutra was about 60 pounds overweight and had a family history of diabetes. An aunt nearly had a leg amputated because of it, and it cost her mother her sight temporarily.

She knew she was at risk, so she signed up for a weight-loss program through Davis Clinic. BCBSTX also offers tools, including an online weight-loss program, to help diabetic patients.

“You always come to that point where you have to do something for your health, and I was there,” she said.

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### Fast Facts

Nationally, diabetes costs \$116 billion in direct medical costs and \$58 billion in indirect costs such as disability, work loss and premature death, according to the American Diabetes Association

Five percent of members in the city’s HMO and PPO plans have been diagnosed with diabetes, according to BCBSTX. Between April 2009 and April 2010, the plans and members spent about \$75,000 on diabetic-related emergency-room visits.

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Houston, TX 77002 • 713-837-9455 • hrenewsletter@cityofhouston.net • www.benefitspulse.org

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But she came to that point too late. She waited nearly two years after the birth of her daughter to sign up for the program. Working nights at the HEC center as a 911 PSAP supervisor, she frequently didn't pack her lunch and would go to the nearby Jack in the Box, Whataburger, or Burger King, the only places open. She didn't exercise.

When her blood-screening results came back, her glucose level was 191. She had diabetes.

"I wasn't surprised," she said. "I was disappointed in myself. It was all about the choices I made."

It's best to have diabetes detected during an early routine exam, even before symptoms show up, Austin-Tolliver said.

"We want to catch it in the earlier stages because maybe it will be treatable with diet and lifestyle changes instead of pills," she said.

Moutra was determined to fight back. The Davis Clinic put her on a severe diet, and she started walking at least 10,000 steps and drinking at least 60 oz of water a day.

"I realize, if I want to maintain my health, I have no choice," she said.

If she doesn't, she knows she faces

heart disease, high blood pressure, neuropathy – a nervous-system disease – and death.

In four months, Moutra has lost 40 pounds, and her glucose levels are at 89. Her doctor, too, is talking about taking her off metformin.

"That was my number one motivation," she said. "To get off those pills. At 41, I'm on as many pills as my mother."

#### **Chapter 4: The end of the circle**

The medicine doesn't always work. Rhonda McCuen knows that well.

After developing gestational diabetes during two pregnancies, she was diagnosed with Type 2 in 1997 and put on oral medicine. She cut back on fried foods, sauces and bread.

But her glucose levels stayed above 200.

Her doctor put her on a different medicine. Then another. And another. He paired the medicine with insulin.

Nothing worked.

"It was frustrating because you don't know what's going on," said McCuen, a senior payroll clerk with Administration and Regulatory Affairs. "You're doing what you're supposed to do, and it's not helping."


When she got infections, they took root in the right side of her body. She



Waines' forearm shows the effects of dialysis.

had surgeries to clean out infections in her right foot, a toe, and her thigh. She developed osteomyelitis, a chronic bone infection, in her toe.

In January, her doctor put her on insulin shots twice a day with no pills. Her glucose level now is between 100 and 150.

"Hopefully, we're making progress," said McCuen, 48. "It's going to be an ongoing battle. But as long as I know I can do something, and I'm doing it right, I can be optimistic. I can look forward to living to 80." 

Read an epilogue about Type 1 diabetes at [www.benefitspulse.wordpress.com](http://www.benefitspulse.wordpress.com).