

# ASK THE EXPERT

A Resource for Active People with Diabetes



**Rick Philbin, MED, MBA, ATC**

**My Expertise:** Hypoglycemia during training

Rick Philbin, MED, MBA, ATC, is the East Field Director for Animas Corporation, an athletic trainer, and an individual with type 1 diabetes. Prior to joining Animas, he managed a comprehensive sports medicine center in the Washington, DC area and worked as an Athletic Trainer for a Philadelphia-based sports medicine center, where he worked with professional athletes from the Philadelphia 76ers and Flyers.

Rick is a member of the DESA Board of Directors and has also been working with CWD (Children with Diabetes) for seven years presenting to parents, coordinating the sports programming for kids, Sports Central, and writing articles on the CWD website called the Sports Corner.

He believes education is paramount for good diabetes management. As an avid exercise enthusiast with type 1 diabetes, he practices tight management of his diabetes while on an insulin pump. Rick lives in the Washington, DC area with his wife, Sharon Papp and two teenage daughters Nicole and Andrea.

My FAQ	My Response
<p><b>I play competitive sports and I often struggle with low blood sugars during practice. Do you have any tips on how I can decrease the chances of going low?</b></p>	<p>If an athlete has trouble with low blood sugars during practice the best offense is a good defense. Have a pre exercise BG that allows for the drop that normally occurs during practice. If typically, BGs drop 50 to 80 points during practice a good starting BG may be 150 mg/dl to 180 mg/dl. A good tip is to check BG levels twice before practice. Check an hour and a half hour prior to the start. This will give you two numbers to compare to get an idea which direction the BG is going. Is it 150 mg/dl at an hour and 60 mg/dl at a half hour prior to practice? If so, there is still a half hour to make adjustments so practice is not delayed or worse started at a hypoglycemic level.</p> <p>It is recommended to have BG levels above 100 mg/dl when starting exercise but often, athletes need to start higher to allow for the drop that can occur.</p> <p>A second recommendation may be to lower the amount of insulin given prior to the start of practice. Pump patients can reduce their basal rates in their pumps by 50% a couple hours before the start. The reason it is recommended a couple of hours prior and not just before the start is due to the peaking of the insulin used in the pump. Most pumpers use a rapid-acting insulin (i.e., Humalog, Novolog, or Apidra) which peaks around 1-2 hours. So if you want lower insulin levels during practice it is a good idea to start a couple hours prior to the beginning of practice.</p> <p>Using food, primarily carbs prior to practice is a good way to decrease the chance of low blood sugars and it helps fuel the body for the upcoming exercise. Energy bars are okay even ones containing maltodextrin but the carbohydrates need to be accounted for prior to practice. Typically, an athlete will need 15 to 30 grams of carbs for every 30-60 minutes of exercise which are not usually covered with insulin. Eating more than 15-30 grams of carbs can be covered by 50% of the normal dose.</p> <p>The only way to know if any of these techniques will work is to check frequently. Try one technique to see how well it works by looking for a pattern. It is also very important to have a discussion with the healthcare team before any changes are implemented.</p>

**BE ACTIVE! BE FIT! BE HEALTHY!**

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