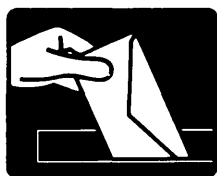

Letters to the Editor and Comments on Practice



Readers will note a change in the title of this section. The intent of this change is to provide a forum for clinical commentary on patient care. As has been the policy with *Letters to the Editor*, in order to encourage free exchange of ideas, this section will not be peer reviewed. The opinions presented here do not necessarily reflect the opinions of the Editors or the American Diabetes Association.

Crises of Diabetes

I read with interest the article by Hamburg and Inoff in the July-August 1983 issue of *DIABETES CARE*.¹ The article is excellent and refers to a variety of crises that may impact in the care of patients with diabetes mellitus. I would like to call attention to another anticipatable crisis. The institution of an insulin pump into a pregnant woman's day-to-day functions can produce a significant problem. In many cases, women using the pump have, for the first time, a visible reminder of their diabetes. I have had experiences with women who, once having tried the pump, refuse to use the pump again despite their recognition that it offers clear benefits to them. Sexual rejection is not an uncommon fear among pregnant women and because of the pump may become an overwhelming concern. Additionally, we have found that women who are not pregnant may have similar perceptual difficulties concerning their own femininity and sexuality in association with this device, which they may perceive for the first time as a neon sign describing to the world at large their "impairment."

I'm sure my observation is not unique, but at least for those health care providers dealing with the pregnant diabetic woman, it seems worth the warning. We can likely blunt the impact of such a potential crisis by making the patient aware of this issue.

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REFERENCE

¹ Hamburg, B. A., and Inoff, G. E.: Coping with predictable crises of diabetes. *Diabetes Care* 1983; 6:409-16.

Crises of Diabetes: A Reply

I thank Dr. Goldstein for his comments. It is useful to point out the predictable stress that is likely to be associated with the use of insulin pumps by women. It is my informal understanding that the overall use by women is significantly lower than by men. I am interested to learn that even where the motivation for careful control is greatly heightened by pregnancy that the negative emotional reactions to the pump have been so pervasive in his patients.

Nonpregnant women have commented on the bulkiness of the pump and believe that their acceptance would be far greater if the size could be reduced to something in the range of a package of cigarettes. Even some of these women express concern about the potential for infection posed by use of insulin pumps.

Dr. Goldstein's comments would seem to indicate the necessity for systematic reports on reactions to the use of the pump now that there is a considerable body of experience. This is the kind of data needed if physicians are to provide soundly based anticipatory guidance.

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Insulin-dependent Diabetes Mellitus and Maternal Age

In a recent article in *DIABETES CARE*, Dr. Flood reported an increased incidence of insulin-dependent diabetes mellitus (IDDM) in children of older mothers and requested data from