

KATHRYN LATHAM

Fit and fantastic, despite diabetes

✍ Shelley Geoffrey

📷 courtesy of Kathryn Latham



When someone mentions the word "diabetes", what kind of image would most people form? An unhealthy, overweight, sickly person, usually over the age of 50? This is the kind of image fitness model Kathryn Latham is trying to change, promoting a positive image of people living with diabetes by entering fitness competitions.

Kathryn was diagnosed with type 1, or juvenile, diabetes when she was nine years old. After living with the disease for 20 years, she feels it is time for a change in the way people with diabetes are perceived.

Diabetes is the inability to regulate blood sugars. Symptoms include fatigue/tiredness, extreme thirst and excessive passing of urine. Insulin is the hormone responsible for regulating blood sugars, by locking away any excess blood sugars in the form of body fat.

BF: What is it like living with diabetes as a young, active person?

KL: After my diagnosis, my life changed dramatically. I was a kid and had to learn how food and exercise impacted on my blood sugar levels. I had to test my blood sugar up to seven times a day and regularly inject myself with insulin. Basically, I had to be a lot more responsible, because if I wasn't I faced possibly life-threatening consequences.

BF: You competed twice in 2005 in your efforts to promote awareness and understanding of type 1 diabetes, first with the World Natural Sports Organisation (WNSO) and then the Natural Physique Association (NPA). Did it matter to you that you didn't win?

KL: My goals are slightly different from other competitors, I'm not out there to win. Competing in these types of competitions is very complicated for a person with diabetes. The whole idea for physique competitions is to be lean – injecting insulin to control my blood sugars makes getting lean more complicated compared with a non diabetic.

BF: What made you want to compete in the first place?

KL: When I tell people I'm diabetic, they automatically assume I must be unwell and when I'm not, they ask if I have 'mild diabetes'. There is no such thing for type 1! I decided to compete in fitness competitions to show that diabetes doesn't have to be a hindrance, and to try and portray a positive image of people living with the condition. My diabetes doesn't stop me from doing the things 'normal' people do.

BF: Controlling diabetes generally requires a lot of effort. Please explain why you need to incorporate cardio - such as running, plyometrics, hill sprints and skipping - into your exercise routine six times a week to help control your blood sugar?

KL: Exercise makes the body more sensitive to insulin, so I don't need to inject as much insulin when I exercise, which helps me maintain my ideal weight. I also test my blood sugars up to ten times a day and inject about seven times a



Despite living with diabetes, Kathryn has learned how to build a body to be proud of.

day. I have to plan things in advance when my routine changes, such as going on holiday. To control my diabetes effectively there does need to be a certain element of obsession!

BF: When preparing for a competition, why is it that your schedule doesn't change that much?

KL: I'm always in competition with diabetes, there is no day off! The main thing for me in getting leaner is reducing the amount of insulin I inject so I can lose weight. I keep to a low glycemic diet with lots of vegetables, some nuts and 'good' fats and a bit more protein, exercise twice a day with cardio and weight training. I test every hour or two to see what is happening with my body so I know how much insulin will see me through to my next injection.

BF: Obviously your blood sugar level needs to be very well controlled, does that make it even more tricky when you are trying to build muscle?

KL: If my blood sugars are running higher than normal (hyperglycaemia), then this can produce muscle wastage, making it more difficult to maintain muscle mass, so it's very important to keep tight control. I test frequently to gain as much information about exercise, the foods I eat and insulin intake to also avoid having hypoglycaemic reactions (low blood sugar). There are so many outside influences that raise my blood levels, things I cannot control, such as stress-induced hormones (cortisol and adrenaline), even just the effects on my body of having a cold, and female problems such as PMS.

BF: Why do you hope that by competing you may inspire newly-diagnosed type 1 diabetes children?

KL: I think people forget that children are diagnosed with type 1, some when they are babies, and I can tell you it's not fun having



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Regular exercise is important for everyone, but particularly so for diabetics.

diabetes as a child! I want to show them that they can lead a full and healthy life. We need more positive diabetic role models. Most of the general media focus on the negative aspects of diabetes, such as blindness and amputation, and I am sure other diabetics who see these news stories feel as though there is little hope. I want to try and make a difference by promoting a positive image of living with diabetes.

With so many people being newly-diagnosed with type 2 diabetes, type 1 and type 2 diabetics are grouped together. This is causing problems for type 1 diabetics. I've had people think I got diabetes by eating too much chocolate (which is not true for type 1's), based on what they heard in a two second news story. I am stereotyped because of the media and I know other type 1's are experiencing the same problems.

BF: What are your plans for 2006?

KL: I intend to compete again but would like to try something where the competition has a larger fitness element, such as an obstacle course event. I would also like to use fitness modelling to promote type 1 diabetes. This year, I have either heard of or met someone who has gone blind, had an amputation or had kidney failure due to diabetic complications. I don't want to be another statistic and hopefully I will inspire other diabetics to take control of their

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Kathryn onstage. She competes not to win but to inspire others with diabetes.

condition. After all, diabetes really is about control: the condition can control you or you can control the condition.

There are two main types of diabetes - type I juvenile onset diabetes is an auto-immune condition where the insulin producing cells in the pancreas are destroyed, leaving the pancreas incapable of producing insulin. People with type I diabetes are usually diagnosed in childhood or early adulthood after rapid onset of symptoms and admission to hospital. Treatment consists of regularly injecting insulin for the rest of their lives, in order to manually regulate blood sugars. The exact cause of type I diabetes is not fully known.

Type II diabetes is a different condition but with similar symptoms. Here, the pancreas still produces insulin, but the body becomes desensitised to it and is unable to properly regulate blood sugars. Type II diabetes usually affects people over the age of 40. Susceptibility

is heavily influenced by lifestyle factors such as a lack of exercise and being overweight, but some people have a genetic disposition (for example, Olympic gold medallist Sir Steve Redgrave).

Type II diabetes is on the increase globally due to more people becoming overweight and sedentary. It can be initially controlled by losing weight, exercising more and consuming a low glycemic diet. If this fails, drugs can increase insulin sensitivity, but some type II will eventually require insulin injections as the body becomes more and more resistant to the person's own insulin, with the pancreas being unable to provide sufficient quantities.

Both types of diabetes are very serious conditions and if left uncontrolled cause tissue damage in the whole body. This can lead to complications such as blindness, kidney disease and amputations. People don't usually die from diabetes, they die from the complications of diabetes.

BF