



TEDDY FAQ:

What can I do to save time on collecting 3 day diet records?

Many families have been bringing the labels from baby food jars or other food containers to their TEDDY visits, and turning them in with their 3 day diet record. That way, they need only record a brief name of the food item, and the TEDDY staff can then write out all the ingredients from the label later, and save the families some time and effort. Always feel free to bring in labels or containers for food, drinks, medicines, or vitamins and supplements.

We appreciate your efforts towards this important part of the study.

Update on Diagnosed Cases

Many of our families have asked what we have learned so far from the TEDDY study. One recent and ongoing analysis of the cases of diabetes that have been diagnosed in TEDDY children gave us some encouraging news, and we wanted to share with you this update.

As of January 2008, 23 children in the TEDDY study have developed type 1 diabetes (T1D). Of these, 5 were older than 2 years of age, 14 were between 1 and 2 years of age, and 4 were less than 1 year old.

Children from all of the TEDDY countries,- Finland, Sweden, Germany and the US have been diagnosed.

Importantly, only 4 of the 23 children have presented with diabetic ketoacidosis (DKA), a serious, potentially life-threatening condition associated with un-

treated T1D. In children with new onset diabetes in the first 2-3 years of life, the rates of DKA are often greater than 50%. Only 17% of TEDDY participants diagnosed with T1D had DKA.

This suggests that subjects in the study are likely to be diagnosed early in the disease process.

Being part of TEDDY not only helps us learn more about why children develop diabetes, but may also help reduce the risk of DKA in young children who are newly diagnosed.



Madison, 22 months, Augusta, GA

Regional Tastes in TEDDY Areas: Finland

Karelian pasties are popular snacks among Finnish children. Traditionally these pasties are made and eaten in Eastern Finland. Nowadays, they are widely served throughout the whole country. Often these pasties are eaten with a mixture of butter and boiled egg. Traditionally, they are made from very thin rye-wheat crust which is filled with rice pudding.

Ingredients

Crust:

1 decilitre water (3.4 fl oz)
½ - 1 tsp salt
2½ decilitre rye flour (1 cup)

Rice filling:

2,5 decilitre water (1 cup)
1 litre 2% milk (4 1/4 cups)
2,5 deciliter (1 cup) short grain rice
1 tsp salt

1. Rinse the rice and place it in boiling water. Simmer until most of the water is absorbed. Add the milk, lower the heat to a minimum, and partially cover the pot. Simmer until the milk has been absorbed and the rice has turned into a thick porridge. Season with salt and leave to cool.

2. Add the flour and salt to the water and mix into a solid, compact dough.

3. Form the dough into a strip and divide into 12 pieces.

4. Roll the pieces into flat thin ovals.

5. Spread some filling on each oval. Then fold the sides towards the center, pinching and making neat pleats along the edge.

6. Bake at 300 °C (485°F) for about 10 minutes.

7. Brush them well with melted butter or a butter and water mixture.

8. Place the pasties, separated with baking paper, in a bowl and cover with a towel to soften the crusts for about 30 minutes. Serve warm with butter or egg butter, which is made by mixing equal parts of butter, (or substitute fat-free cottage cheese) and chopped, hard-boiled egg.





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**NBDC TEDDY FAMILY
NEWSLETTER**

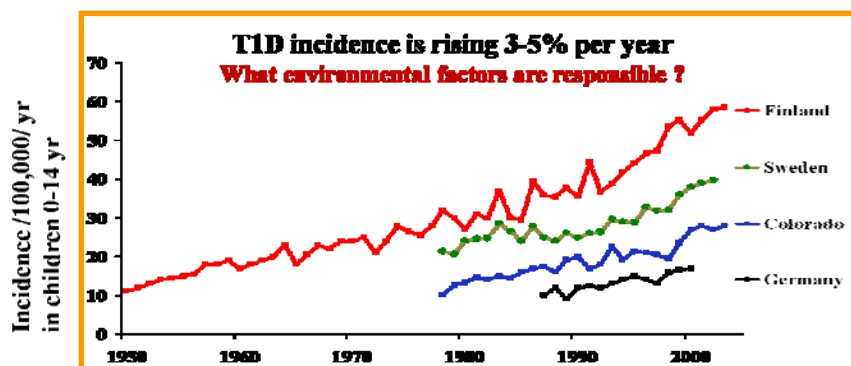
*The Environmental Determinants
of Diabetes in the Young*

www.teddystudy.org

Type 1 Diabetes on the Rise Worldwide

The world wide incidence (rate of new cases) of type 1 diabetes (T1D) in children is increasing at around 3-5% per year. The highest rate in the world occurs in Finland – a TEDDY Study site, with over 60 new cases per 100,000 people per year. The rate in the United States is somewhat lower, with about 25 new cases per 100,000 people per year.

Even though the rate differs by country, the 3-5% increase is seen around the world, and the number of new cases is greatest in children under 10 years old. Because the increase in incidence of T1D has occurred over a short period of time, environmental factors and not genetic ones are likely playing a major role. This is one of the reasons the TEDDY study is so important. TEDDY is trying to identify the environmental factors that may promote children at high genetic risk to get T1D. By knowing how these factors work, we hope to develop better strategies for both preventing and reversing T1D in the future.



Graph courtesy of the Barbara Davis Center, Colorado

The Scoop on Poop: Why Stool Samples?

Monthly poop sample collection has been an unwelcome part of the TEDDY study for some parents. However, these stool samples are a vital part of our current and future research efforts.

Common in all age groups, but particularly in young children, viral infections (and possibly bacterial and other infections) have been associated with an increased risk of type 1 diabetes in both human and animal studies.

Monthly stool samples remain an important part of the study because some infections can only be detected during a short period of time. Because some infections show no obvious

signs in a child, and re-infections can be missed, a poop sample is very helpful to the researchers analyzing these infections. They make it possible to understand time-relationships between infections and the appearance of autoantibodies in a child's serum.



We hope this clarifies why we request the monthly stool samples. For those of you who do send them in monthly,

THANK YOU!

If you aren't one of these, please consider it for the benefit of the study and research toward finding a cure or prevention of type 1 diabetes. We thank you and appreciate all your hard work in the TEDDY Study.