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Tricks, Treats and Insulin

By **LISA W. FODERARO**

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Like American youngsters everywhere, Natalie Fontana, an eighth grader from Cliffside Park, N.J., is counting down the hours to Halloween.

Her costume is all ready - a Marilyn Monroe number, complete with wig and high heels. Her trick-or-treating buddies are lined up. And her game plan - namely the accumulation of obscene amounts of sweets - is in place. "I'm such a candy fanatic, I don't care what kind it is," she said.

But Natalie's Halloween will be different in one important way: She is a diabetic. So between the giddy traipsing along sidewalks and snacking on Snickers, she will need to prick her finger to monitor her blood-sugar level. And when friends are feasting on their umpteenth treat, Natalie will choose just a few and be ready with an extra shot of insulin.

Halloween, that most indulgent of holidays, can be anything but for children with diabetes. There are an estimated 206,000 people under 20 with diabetes in the United States, according to the federal Centers for Disease Control and Prevention.

Yet health professionals and many families have worked hard in recent years to turn Halloween into a day that children with diabetes can take delight in, not simply endure. "There is something about having a chronic illness that makes you lonely and isolated," said Dr. Robin S. Goland, the co-director of the Naomi Berrie Diabetes Center at Columbia University Medical Center. "Halloween is a time that can bring that up. We want to do everything we can to anticipate that and make sure that it's not the case."

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Michelle V. Agins/The New York Times
 Angela Johnson, 5, at the First Annual Halloween Party for children with diabetes at the Don Imus Pediatric Center of the Hackensack University Hospital Medical Center.

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The Berrie center, for example, will hold its third annual Halloween party on Monday, a day when dozens of young patients dressed in costumes can trade in their bags of candy for toys. "We have all kinds of snacks, like cheese and vegetables and nuts, and everybody goes home with a fabulous toy," Dr. Goland said.

Some families have incorporated the swapping strategy into their own Halloween celebrations. Doreen Britt Vermeersch, an architect and mother of four in Somers, N.Y., said her family brainstormed to find ways for her 10-year-old daughter, Jadene, whose diabetes was diagnosed when she was 6, to participate in Halloween. None of her siblings have the condition.

"We asked what we should do when you guys really want to hold onto that big stack of candy, knowing that your sister is going to feel pretty bad about not being able to sit around and munch all day," Mrs. Vermeersch said.

They decided that all the siblings would pick out a few treasured candies and swap the rest for money. The neighborhood has also rallied around Jadene by coming up with alternatives to treats. Last year, a few neighbors handed out glow-in-the-dark bracelets and small flashlights to everyone instead of candy. "It made her feel so included," Mrs. Vermeersch said.

There are two main forms of diabetes: Type 1, traditionally called juvenile diabetes, and Type 2, also known as adult-onset diabetes. Type 1 diabetes is caused by a deficiency of insulin, a hormone that regulates glucose or sugar, Dr. Goland said. Patients with Type 1 diabetes need to take insulin or they could die, she said.

In recent years, more children have also begun to develop Type 2 diabetes, which is associated with obesity and inactivity. Type 2 accounts for about 90 percent of the 18 million cases of diabetes in the United States, Dr. Goland said.

"Ten years ago, I would have given you a lecture about how it's impossible for children to have Type 2 diabetes, but now 30 to 50 percent of our new pediatric patients have Type 2," Dr. Goland said.

Doctors and social workers who treat children with diabetes usually caution parents against making their children sit on the sidelines on Halloween. Children should be encouraged to go trick-or-treating and to attend parties. They can even eat candy and cupcakes, as long as it is in moderation and coupled with frequent blood-sugar checks.

Indeed, not all candies are equal. The Berrie center distributed a Halloween tip sheet to parents with lists of candies and their carbohydrate counts under a Better Picks column and a Worse Picks column. In general, candies with nuts and chocolate, like Kit Kats and peanut M&M's, which contain fat and protein, are better choices for children with diabetes than ultrasugary ones like candy corn and Skittles.

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Michelle V. Agins/The New York Times
Trevor Mouroe, 5, with his sister, Mikaela, 7, at a Halloween party at the Don Imus Pediatric Center of Hackensack University Medical Center.

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