



TRIGR USA

An NIH-Sponsored Primary Prevention Study for Type 1 Diabetes

TRIGR Tale from New York by Kelly Paul-Carrera

My first knowledge of diabetes came about when I was a little girl. I was told that a classmate of mine was not allowed to eat candy because she was a diabetic. As someone who was born with a sweet tooth x 10, not being able to eat sweets seemed like the worst news in the world!! In addition to not being able to eat candy, I had no idea how much worse type 1 diabetes could really be.

My greatest education about type 1 diabetes came when I met my husband, who was diagnosed with type 1 diabetes shortly after his 21st birthday. I learned everything I could about the disease so that I could help us both live with it. Well, it is now almost nine years later and I am still learning about the disease. The most frustrating part is that there is no cure yet.

When my husband and I decided to have children, one of our biggest concerns was passing on the disease. We knew that it was hit or miss whether one or more of our future children would develop type 1

diabetes and we agreed we would do our best to handle it if it ever arose.

When I became pregnant and found out about the TRIGR study, I was thrilled! I was so happy that there was a study researching ways for people to avoid, or at least delay, the development of diabetes. It feels much better to be involved in the research rather than standing on the sidelines and just reading about new developments.

So far my daughter, Erin, is very healthy and hopefully she stays that way. My family is very happy to be part of TRIGR and hope that it helps make finding a cure a reality.



Erin Carrera— Halloween 2003

1-888-STOP T1D
www.TRIGR.org

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TRIGR Triumphs!

In May of 2002 TRIGR North America finally opened up for recruitment!!

The very first subject to become part of the TRIGR family was enrolled at our New York site in June, 2002.

Later that June, another TRIGR baby was born in Puerto Rico. This baby was given the title of 1st *Eligible* U.S. TRIGR subject!

By the end of January 2004, we had enrolled over

1,800 babies worldwide! In the US alone, we enrolled 399 families. Of these 399 families, 285 had given birth. Forty three percent of the babies were found to be eligible on the basis of their HLA genotype.

Center Spotlight: Pittsburgh



Pittsburgh is located in Southwest Pennsylvania and is home to the US TRIGR site #1. The Pittsburgh TRIGR team resides at Children's Hospital of Pittsburgh and Magee Women's Hospital. The team consists of the following highly talented individuals:

Dorothy Becker, MD

Dr. Becker is a Pediatric Endocrinologist and Director of the Diabetes Program at Children's Hospital of Pittsburgh. Dr. Becker is the Principal Investigator and coordinator of the six US TRIGR centers, and having been involved pilot studies for TRIGR for several years, she is one of the pioneers of TRIGR! This project would not have gotten off the ground without the dedication and hard work of Dr. Becker!

Peggy Franciscus, RN

Peggy is U.S. TRIGR Coordinator as well as the Site Coordinator for Pittsburgh. Peggy has been a pediatric nurse for many years and brings some great skills with her to TRIGR. Peggy is no doubt the one that keeps us moving forward!

Anita Nucci, PhD RD

Dr. Nucci received her PhD in epidemiology and serves as the North America Nutrition Coordinator. She has been instrumental in adapting the TRIGR Finnish Guidelines to TRIGR USA and TRIGR Canada (where reindeer meat is *not* on the menu!)

Kristine Lain, MD

We have just welcomed Dr. Lain as a co-investigator for TRIGR in Pittsburgh! She is the Medical Director for the Center for Diabetes and Pregnancy at Magee Women's Hospital.

Maryellen Dalmagro-Elias, RD LDN

Maryellen is the TRIGR Site Research Dietitian at Children's Hospital of Pittsburgh. She has been a dietitian for 17 y in a variety of settings ranging from pediatrics to surgical intensive care units!

Dawn Salerno, RN

Dawn is a Neonatal Research Coordinator for Magee-Womens Hospital. She has worked as a nurse for small babies for 22 years now!

Carol Gilmour, MD MPH

Carol is a neonatologist at Allegheny General Hospital and provides TRIGR with valuable advice on infant nutrition and breastfeeding support.



The Pittsburgh TRIGR Team:
Front: MaryEllen Dalmagro-Elias, Dawn Salerno
Back: Peggy Franciscus, Dorothy Becker, Anita Nucci
Not pictured: Kristine Lain, Carol Gilmour

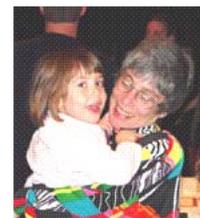
Message from Dorothy Becker, M.B.B.Ch Principal Investigator for the TRIGR Trial in the United States

Dear TRIGR Families,

I would like to thank you all for your participation in the Trial to Reduce Insulin-Dependent Diabetes in the Genetically at Risk (TRIGR). The idea of TRIGR was actually conceived back in January of 1989 when a small group of Finnish, US, Canadian, and New Zealand researchers gathered in the deep winter of the Finnish countryside. At this gathering, much dis-

cussion led to the formulation of what would become a plan to translate data derived from both human and animal studies into a clinical diabetes prevention trial. By the mid-90's the first TRIGR pilot study was conducted in Helsinki and involved 20 families and newborns. By the late 90's a second pilot study expanded to include all of Finland. TRIGR is now worldwide and one of the largest pediatric research trials in the world

and we couldn't do it without you. We greatly appreciate your help in interesting other potential subjects in TRIGR. This networking has made an incredible difference to our ability to carry out this important trial. It is through the efforts of families such as yours that we will make advances towards preventing diabetes.



Dorothy Becker

Nutrition Nibbles: Introducing Solid Foods

The American Academy of Pediatrics suggests that by 4 to 6 months of age you can begin to add solid foods to your baby's diet. However, new foods should always be introduced according to the advice of your baby's pediatrician or family doctor.

When you do introduce new foods, remember to follow the TRIGR guidelines if your baby is still in the dietary intervention phase of the study. Refer to the table below for foods to avoid. Only introduce foods one at a time - waiting at least 2-3 days before starting another food. Infant rice cereal thinned to an almost liquid form is recommended as the baby's first food. This is because it usually

does not cause an allergic reaction.

Strained vegetables and fruits are generally started after cereal.

- It may take several tries before your baby learns to like some vegetables and fruits
- Respect your child's preferences. Not eating one vegetable or fruit is not going to cause nutritional deficiencies in your child.
- Variety - Balance - Moderation! All foods fit - just make sure you expose them to a variety of foods.
- Be a good role model! Make sure you and your family are also eating a variety of vegetables and fruit.

- Serve an unfamiliar food with a familiar one

Help your kids learn to enjoy fruits and vegetables by offering them a wide variety of good tasting



choices. Cultivate an attitude of curiosity and anticipation.

Sources:

Shelov, S. (Ed.). (1998) *Your Baby's First Year*. New York: American Academy of Pediatrics.

Satter, E. (1999). *Secrets of Feeding a Healthy Family*. Kelco Press.

FOODS & INGREDIENTS FOR YOUR BABY TO AVOID WHILE ON THE TRIGR DIETARY INTERVENTION

Beef	Milk	Whey	Butter	Veal
Beef liver	Nonfat milk solids	Whey Protein	Margarine	Casein
Meat broth	Dry milk solids	Lactalbumin	Cream	Yogurt
Meat extract	Milk protein	Lactoglobulin	Cheese	

Health News: Bowel Habits of the Young—What's Normal?

Many parents worry about the bowel habits of their newborn. Although, it seems there is no "normal", there is a typical "pattern" to look for.

First few days of life: Your baby will pass meconium, a thick, greenish-black substance. Once meconium has passed, breastfed babies have bright yellow loose stools that can be grainy, and formula fed babies typically have more solid stools that can be yellow, tan, brown, or green in color.

First 6 weeks: Most babies have 2-5 stools every 24 hours. Some babies have more frequent stools and others have fewer. If a baby has fewer than 2 stools per day, it may still be normal provided that the baby has an ade-

quate number of wet diapers, is gaining weight, and the stools produced are substantial in volume.

After 6 weeks: Again, frequency varies widely. Some babies may have stools several times a day while others may go infrequently (i.e. 1 per week since breast milk leaves very little solid waste). The stools should be soft, even slightly runny. The consistency of the stool of a formula fed baby will be slightly firmer than the breastfed baby, about the consistency of peanut butter.

After solid foods: When you introduce solid foods to your baby's diet, you can expect dramatic changes in the odor, color, consistency, and frequency of his bowel movements de-

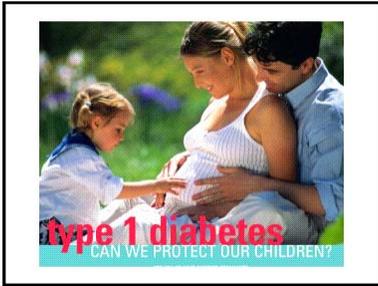
pending on what he's eating.

Constipation Worries

The passing of only one stool every few days does not necessarily indicate constipation. Neither does grunting, pushing, or turning red in the face while passing a stool. This is normal behavior, as long as stools are soft, do not contain blood, and do not appear to be causing pain. Consult your doctor if there are any sudden variations in the pattern of your baby's bowel habits. Any streaks of blood or mucus in a baby's stool should also be evaluated.

Sources:

Shelov, S. (Ed.). (1998) *Your Baby's First Year*. New York: American Academy of Pediatrics.. www.babycenter.com; www.drpaol.com



TRIGR RECRUITMENT CONTINUES THROUGH 2005!

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TRIGR Centers

TRIGR subjects can be found all over the world!



United States

Los Angeles
New York
Pittsburgh
Puerto Rico
Seattle
St. Louis

International

Australia
Canada
Estonia
Finland
Germany
Hungary

International

Italy
The Netherlands
Poland
Spain
Sweden
Switzerland