

# HOME URINE TEST GUIDE



For additional information on the products listed, write to Ames Company, Division Miles Laboratories, Inc., P. O. Box 70, Elkhart, Indiana 46515

The Tests	CLINITEST <sup>®</sup> and CLINITEST 2-DROP METHOD (tablet tests for urine sugar)	DIASTIX <sup>®</sup> Reagent Strips (Dip-and-Read Test for Urine Glucose)
Used for	Regular 5-drop method: estimates sugar concentration of 1/4%, 1/2%, 3/4%, 1%, and 2%. 2-drop method: estimates sugar concentration of Trace, 1/2%, 1%, 2%, 3%, 5%.	Estimates glucose concentrations of 1/10%, 1/4%, 1/2%, 1%, 2%.
When and Where to Use	Convenient to use at home or away. Handy travel kit available (contains 36 reagent tablets, test tube, dropper and plastic case) NOTE: the CLINITEST 2-Drop Method is especially for use by brittle diabetics who tend to spill large amounts of sugar in the urine. This procedure should be used if you are in poor control or if you have juvenile diabetes, or anytime your doctor advises you to do so.	Convenient for at-home or away-from-home testing. Estimates the amount of glucose in urine and is unaffected by other sugars. Can be used by diabetics who routinely test for urine glucose.
Possible Advantages	The color changes may be easier to differentiate than with certain reagent strip tests. The color area in the test tube is large so it may be easier than strip tests to match against the color chart. The 2-Drop Method estimates up to 5% urine sugar.	Identifies as little as 1/10% of glucose (Trace). Simplifies urine testing. Strip can be passed through the urine stream. Test results are more accurate than with CLINISTIX. (Results can be recorded in percentages). More convenient to use than CLINITEST.
Possible Disadvantages	Product has potential hazards (it actually boils during the test; also, it can cause severe chemical burns if put into the mouth or swallowed). Some equipment and clean-up is required for this test. No color block to estimate sugar level below 1/4%. Protein in urine (a sign of most kidney ailments) may affect test results by slowing down the reaction and making the final color difficult to read. (Extremely high doses of Vitamin C can affect test results.) CLINITEST reacts with all sugars in the urine, not just glucose. With the regular (5-drop) method, a "pass through" reaction may cause confusing test results. This reaction occurs when urine contains more than 2% sugar. The test color may then change quickly from the typical 4+orange color and "pass through" back to a muddy green, which can be mistaken for 1% or less sugar in the urine.	Some users have trouble differentiating between the 1% and 2% color blocks. At these levels, color development may appear somewhat uneven, and practice may be needed to read results accurately. If moderate to large amounts of ketones are present in the urine, DIASTIX test results may read low. Because of this, some doctors prefer that diabetics who are prone to ketosis (ketoacidosis) check for ketones when glucose readings are moderately high. (Very high dosages of aspirin may also affect test results.)



# Diabetes in the News



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### About This Issue

This issue of *Diabetes In The News* is dedicated to camping and travel. DITN features a checklist for summer trips and some remedies for different kinds of travel headaches. We also give some pointers on picking the diabetes camp that best suits your needs as well as choosing the right kind of food to take camping. Happy traveling!

## Use Checklist to Avoid Problems During Summertime Vacation Trip

by Jean Suren, RN

Planning a summer vacation trip? Here's a checklist to help

you get organized before you depart and avoid diabetes worries once you reach your destination.

*Before you go:*

- Get a check-up from your doctor to make sure you are in good health.
- Get a prescription for an anti-nausea and/or anti-diarrhea medication if queasy stomach or diarrhea are potential problems.
- Ask your doctor to write a note indicating that you have diabetes and describing your condition. A doctor in a community where you are vacationing will accept this as evi-

## Camp This Summer?—Here's What to Look For

by Paul Madden, EdM

As the 1978 summer camping season approaches, you may be considering sending your child to a special camp for children with diabetes.

Three types of camps exist for young people with diabetes. The older and more established type of camp is aimed at diabetic youngsters only. A smaller number of camps

are day camps for young people with diabetes.

Here are some questions you should ask yourself and the camp's staff to help you decide on a camping program that will meet your child's needs:

1. *Is the camp accredited by the American Camping Association (ACA)?*

This accreditation means that at least the minimum standards for safety and

open house before the camping season starts.

2. *What safety and other features are offered?*

Are all buildings structurally sound? Do the buildings fit the needs of the activities which will be taking place in them?

3. *What about staff?*

A staff-to-camper ratio of 1 to 3 is considered excellent.



# ddib disease detection information bureau NEWSLETTER

WHY WAIT? PILOTS PERFORM 62,382 BLOOD GLUCOSE TESTS IN 12 YEARS



*The Delaware Why Wait? program credits the participation of area hospitals and laboratories for its 12-year existence. Barbara Donovan, technician, pricks the finger of Dory Goodkind, a screenee, at the Professional Clinical Laboratory in Wilmington, Delaware, during one of its diabetes detection clinics in 1978. This laboratory uses the Eyetone/Dextrostix system as its primary test for measuring blood glucose levels. (Photo courtesy of the ADA Delaware Affiliate)*

About 1,100 new diabetics have been diagnosed by private physicians as a result of the efforts of the two pilot Why Wait? diabetes detection programs--the state of Delaware and Peoria County in Illinois. Together the ongoing Why Wait? programs have conducted 62,382 blood glucose tests since they agreed to be Why Wait? pilots in 1967.

Both pilots will complete their twelfth year of operation in 1979. What keeps these programs going? What changes have occurred since they began?

## Delaware

The key to the Delaware program's longevity has been the participation of hospitals and laboratories, according to Daphne White, executive secretary of the Delaware Affiliate of the American Diabetes Association (ADA). An added plus is that technicians  
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