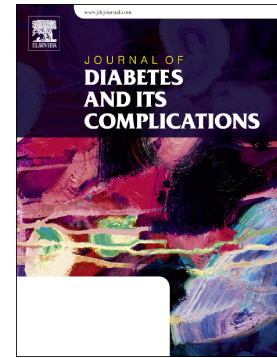


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Unawareness of low physical activity in people with type 1 diabetes.

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Diabetes affects life in many ways. The first, and critical, step is access to insulin for survival. If that doorstep is passed a new reality with high risk for cardiovascular complications causing morbidity and mortality meets the person with diabetes. In the post DCCT era we know that glycemic control with as normal glucose values as possible is essential for reducing the risk of micro- and macro vascular complications as well as all-cause mortality (1, 2). In addition to this it is important to approach all affectable cardiovascular risk factors to reduce the burden of the disease.

It has also become known that diabetes affects the brain both in children, adolescents, adults and elderly people. Different explanations to the cognitive effects of diabetes has been discussed as sole causes of this and in combinations (3, 4, 5).

It is also known that diabetes affects health related quality of life in different populations with diabetes, especially when diabetes associated complications are present (6). It is reported that there is a positive correlation between good glycemic control expressed as low HbA1c and a good health related quality of life (6, 7). On the other hand, there is a reported correlation between fear of hypoglycemia (but not experienced hypoglycemias) and low health related quality of life (8).

There are also social consequences of diabetes even for people with access to high quality health care. It has been shown that children with diabetes have lower grades when leaving school and that they as adults are less employed and earn less than matched controls without diabetes (9, 10).

It has previously been described that children of different ages with diabetes are less physical active than healthy children when compared with objective measurements (11, 12, 13). It is also shown that already teenagers with diabetes and low physical activity have more signs of vascular damage than more active teenagers with diabetes (13). Children with diabetes who self-report more physical activity have lower HbA1c than those who are less active (14). Children with diabetes can perform as their training peers (15) but in general children with diabetes are less fit than healthy children (16). So, in some way, diabetes seems to contribute to lower physical activity even though it is also iterated by health care professionals that being physically active is an important part of diabetes treatment and excellent guidelines are provided to support exercise management in people with diabetes (17).

Barriers to physical activity have been explored. Fear of hypoglycemia has been reported as a frequent barrier to physical activity (18). Much emphasis is put on reduction of risk of hypoglycemia and glycemic variability in guidelines on management of exercise in diabetes. The association between less time spent with moderate or vigorous physical activity and self-

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