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Answer from authors about the article “Safety of recreational scuba diving in type 1 diabetic patients: The Deep Monitoring programme”

Sir,

We are honoured by the interest and appreciation demonstrated regarding our experience, by such a well-known expert in the field as Dr N.W. Pollock.

Dr Pollock is absolutely right in remembering that specific training programmes for diabetic divers were first introduced at the end of the 1980s at Camp DA VI by Steve Prosterman and his staff and, in the following years, by other groups, mainly in the USA. Our educational programme for divers with type 1 diabetes [1], however, represented a completely innovative approach in Italy, where scuba diving, although not expressly forbidden to diabetic patients, was not accepted until only a few years ago by training agencies, professional divers and even most diabetes specialists. Also, another original aspect of our programme was that a complete educational team, comprising diabetes specialists, endocrinologists, expert nurses and dieticians, participated in all phases of the OWD courses, during both theoretical lessons and practical exercises, and in confined and open waters. This “familiar” situation, facilitated also by the availability of a pool inside our hospital, contributed greatly to the building of a confident and non-stressed attitude on the part of patients enrolled in the project.

We must also agree with Dr Pollock’s concerns regarding the technique used for ultrasonic assessment of bubble formation during dives. However, please take into account that this was a preliminary experiment, and that the study of decompression stress was not the primary purpose of our study, which was mainly centred on glucose control. Nevertheless, we will certainly carefully consider these comments in the coming phases of our project: in fact, the protocol we are planning for the continuation of Diabete Sommerso is similar to that described by Dr Pollock, involving Doppler monitoring every 15 minutes for a period of at least 90 minutes after surfacing, and both at rest and after standardized exercise.

Apart from methodological issues, it is, however, also true that the diving profile we adopted would be highly unlikely, in any case, to elicit bubble formation because of the maximum depths achieved. For this reason, we hope that more significant data will be obtained over the next few months by examination of different study dives at deeper levels (up to 30 metres).

Reference


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