



THE ABLE DIABETIC

Able Guide No. 18

How to Support a Partner with T1D

What actually helps, what makes it harder, and what good support looks like in practice

Why this guide exists

Most people who love someone with Type 1 diabetes want to support them well. The difficulty is that t1d is invisible, rarely discussed, and easy to misread, particularly when the person living with it is managing it competently and quietly, which most long-term t1ds are.

This guide is for partners. It is also relevant for close family members and anyone in a position of daily proximity to a t1d. It is written from the inside - from my own experience of what has genuinely helped, what has made things harder, and what I think good partnership with this condition actually looks like.

It is not a medical guide. It does not explain how t1d works. It is a guide to the human dimension of sharing your life with someone who manages this condition every day.

1. What good support actually looks like

The best support I have experienced has some consistent qualities, and they are not what most people would instinctively reach for.

It is not expressive. It is not dramatic. It does not involve regularly asking how you are feeling about your diabetes, or making the condition the subject of conversation. The most valuable support is quiet, constant, and largely invisible - much like the condition itself.

A good partner maintains a steady awareness of how things are going without making that awareness the focus of every interaction. They notice when something is off. They can read the difference between a normal moment of management and a moment where something more is happening. And they respond to that difference calmly and practically, without fuss.

They do not characterise the person with t1d as fragile, difficult, or a burden. They treat the condition as one of the facts of shared life, no more and no less. And yet they are ready to act, quickly and competently, when action is needed.

The specific behaviours that make a difference are more practical than most people expect. Picking up sweets at the supermarket without being asked. Stopping at the pharmacy for insulin or CGM sensor supplies when they are running low. Knowing where the kit is kept, how it works, and what to do in an emergency, even if they never normally touch it. Being sufficiently across the regime that they could explain it clearly to a doctor if the person with t1d was unable to speak for themselves.

That last point matters more than most partners realise. If I were taken ill and hospitalised, I would want my partner to be able to tell the medical team my standard doses, my insulin types, the name of my CGM, and to advocate for me clearly and accurately. That level of knowledge is not complicated to acquire. But it requires a genuine investment of attention.

One of the things I have found most moving is when someone has thought about my t1d independently, not when prompted, but off their own initiative, and come to me with a practical idea or observation. A friend who worked out how I could manage insulin storage on a ski trip. Someone who had been quietly thinking about how I manage time zone changes when I travel. That kind of unprompted thinking is rare, and it means a great deal.

2. What makes it harder - however well-intentioned

I want to be honest and quite direct here, because I think it is useful.

A great deal of well-meaning behaviour makes life with t1d harder, not easier. The most common pattern is assuming that because the person with t1d is coping, no particular adjustment is needed. Competence is not the same as ease. The fact that I am managing well does not mean that the management is costless.

Meal timing is a practical example that has significant consequences. For a t1d, when food is actually served - not when it is started, not approximately, but when it is placed on the table - matters. Mealtime insulin is typically taken in advance. If the meal is substantially later than expected, the insulin peaks before the food arrives, and a hypo follows. This is not a minor inconvenience. It is a predictable, avoidable problem that requires only a little care on the part of the people around the table.

Assuming that “it will be fine” is one of the most common and least helpful responses. The t1d in your life has probably learned to adapt to almost anything. That adaptability is hard-won, and it carries a cost that is entirely invisible to the people benefiting from it.

The practical logistics are also frequently left to the person with t1d by default: keeping insulin in the fridge, maintaining a supply of glucose tablets or sweets, monitoring when sensors need replacing. These are tasks a partner could meaningfully share. They rarely do, which is a missed opportunity.

3. Recognising burnout - and what to do

There will be periods when the person with t1d is not managing at their best. Not because they have stopped trying, but because the cumulative weight of managing a lifelong condition has temporarily exceeded what they can sustain. This is known as t1d burnout, and it is a recognised phenomenon.

A partner is often better placed than anyone else to notice it, because they see the day-to-day pattern, the small shifts in engagement, the moments when usual habits are being skipped. If you notice this, the most useful thing you can do is not interrogate or challenge, but offer. Ask if things feel heavy at the moment. Make it easy for them to say yes.

4. The question worth asking yourself

If the person you love was taken ill tonight and could not speak for themselves, how well could you advocate for them?

Could you tell the paramedic what insulin they take and at what dose? Could you explain what their CGM is and how to read it? Could you tell the doctor when they last ate and what they took? Do you know where their emergency supplies are?

This is not a test designed to make anyone feel inadequate. Many, maybe even most, partners of t1ds could not answer all of these questions, and most t1ds have not asked them to. But it is the clearest measure I know of whether support has moved from goodwill into genuine partnership.

That is what the person with t1d in your life deserves. And most of them will never ask for it directly.

Based on Sarah's lived experience of over 30 years with Type 1 diabetes, and on the partner and family dynamics that have made the most difference. Not medical advice.

Want to understand more?

Read Sarah's memoir INVISIBLE IMPACTS about the first decade of living with type 1 diabetes, and check out the blogs on the website at www.theablediabetic.com

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