Diabetic Shock

When a chronic illness strikes, we often focus only on the person with the condition. But diseases such as diabetes drastically affect their loved ones too.

September 1, 2009 By Michael Fairman

Actor Kristoff St. John has experienced diabetic shock. No, he doesn't have diabetes—but he does have close family and friends who live with this chronic condition.

A two-time Daytime Emmy Award winner and an eight-time NAACP Image Award recipient, St. John is best known for his role as sexy businessman Neil Winters on the No. 1 rated soap *The Young and the Restless*. Several years ago, however, St. John's most important role was not in front of a camera. It was as caregiver to his wife, Allana Nadal, who suffers from type 1 diabetes. (The two have since divorced.)

"When I first met Allana, she told me she was a diabetic right off the bat," St. John recalls. "She had needles hanging around the house and was forced to take two or more shots of insulin a day. She found out that she was a type 1 diabetic at 17 when she was rushed to the hospital and fell into a coma."

St. John was unprepared, however, for the shock he received one day when he discovered Allana in the midst of a diabetic crisis. "I found Allana sprawled on the kitchen floor next to the refrigerator. She was trying to open an orange juice carton and trying to lap up the juice like a cat. She was almost incoherent," he recalls.

Just one of the many challenges experienced by those whose loved ones have diabetes, witnessing a diabetic crisis up close and personal caused St. John to question his own ability to handle Allana's condition.

"As her boyfriend at the time (we had not gotten married yet), I did not know how to deal with it," he recalls. "I admit that I felt helpless because I did not know what to do. I asked her many times to show me how to administer her shots. I asked her, 'If you are having a low blood sugar attack, should I give you a shot?' She would say, 'No. You will kill me. Give me orange juice or sugar and get my blood sugar levels up.'"

But St. John, like many people who have loved ones with diabetes, got a crash course on the disease and how it is monitored. "Diabetics have to prick their fingers routinely during the day to

check their blood sugar levels," he explains. "Her blood sugar level would be between 25 and 40. If your level dips under 40, that is not good. At that level, she should've been in a coma!"

Allana would routinely have horrible attacks once or twice each day. "To find my wife in such dire straits so often was unsettling to me," reveals St. John. When he felt that Allana was not taking care of her diabetes, he quietly fumed inside. "After a while it was like you have this child that you feel you are taking care of," he says. "They have to know how to take care of themselves. You think, 'What if I was not here?'"

St. John constantly agonized about Allana's situation, worrying that she could easily fall into a coma. Even though he learned a lot about diabetes through these real-life experiences, today St. John wishes he would have done more research on the disease. "I admit I was not the boyfriend I should have been," he says. "I did not educate myself with the right type of information. She provided me with my information, and I should have done more. As I saw her attacks more frequently, I hate to say it, but I became a little anesthetized. I started to become more obstinate about it, and I wished I could have embraced it more. It's one of the big regrets I have about the marriage: not being her armor more of the time."

And yet, St. John says that Allana's constant battles with diabetes did not cause the couple's divorce in 2006. She simply walked away from their marriage after more than a decade together, he explains.

Nevertheless, he nurses regrets. "As her husband and best friend, I could have helped her more. I think the more I would have stood up and paid attention [to her health] the more she would have too."

When Allana was on an exercise program, she'd be great, says St. John. But if she stopped working out, the problems would begin.

Conrad Tseng, MD, a well-known Beverly Hills endocrinologist who specializes in diabetes, confirms the benefits of exercise for diabetic patients. "Exercise is important on many levels—both cardiovascular and some weight training," Tseng says. "A person who exercises regularly will decrease the risk of developing diabetes. If that person has diabetes, he or she can help keep blood sugar lower by exercising regularly. In addition, exercise can help lower cholesterol and blood pressure, which are associated with increased complications from diabetes."

Diabetes disproportionately affects blacks, who are the second largest ethnic group afflicted with the disease (Pima Indians are first). About 15 percent of African Americans older than 20 have diabetes, Tseng indicates, but the reasons for this are unclear.

Some specialists, such as Tseng, explain the numbers with the "thrifty gene" theory: "The idea is that people whose ancestors came from areas where famine was common developed this special gene in order to retain nutrients. Today, in the United States, where there is an abundance of food, this gene has led to a higher incidence of obesity, which can trigger diabetes."

For St. John, this genetic theory is particularly worrisome. He and Allana have a 6-year-old daughter, Lola. Because diabetes can be genetic and Allana is a type 1 diabetic, docs carefully monitored Lola and her mother during a difficult pregnancy. (Diabetics who choose to have a child must be closely watched.)

In Allana's final trimester, she developed preeclampsia—a sudden increase in blood pressure after the 20th week of pregnancy—and she swelled to 185 pounds. To treat it, docs performed a cesarean section and delivered Lola. (The only way to cure the dangerous condition is to deliver the baby.)

For all diabetic parents, the thought of passing it on to their children can be a heavy burden. The fact that Lola may develop diabetes constantly worries St. John. "Is it selfish to bring a child into the world knowing you could give them a life-altering disease?" he asks. Then he answers his own question. "Yeah, kind of. But it wasn't just my decision. Now we have Lola on the planet, and she is a cool little chick. I am just praying and keeping my fingers crossed every day that she grows up healthy and strong and never has to know what it's like to have a condition like diabetes."

Beyond living with the impact diabetes had on his immediate family, St. John also watched his friend, actor Dorian Gregory (former cohost of *The Other Half*), spend years living with the disease.

Gregory was diagnosed with type 1 diabetes at age 9. He later met St. John on the audition circuit, and the two became fast friends. Once St. John learned of his friend's condition, the two discussed Allana's diabetes. "When I had my first real conversation with him, I found out his wife had diabetes and that was a 'wow' moment," Gregory says. "I saw how supportive and how a part of it he was. He cared so much, so of course, I wanted to know him."

Gregory helped St. John better understand and accept the limited role caregivers play in managing a loved one's diabetes. "Dorian explained it to me, and I understood," St. John says. Gregory told him that he could constantly try to be his wife's guardian, but it was up to her to maintain her health and manage her condition. "He gave me some good insight that I tried to implement. I respect him a lot."

Gregory calls diabetes a very individual disorder that is often misunderstood, which affects every facet of the lives of both diabetics and their loved ones.

"I did not know too much about it," confirms St. John. "It was very foreign to me. I didn't understand the simplicities or the intricacies of managing the disease—properly scheduling the insulin shots or understanding overall the dietary and emotional components the condition involved. I did not understand that someone with diabetes can be affected by anger and stress. If you couple stress with a bad diet, you are bound to have severe reactions, which manifest in low blood sugar attacks."

Before he and Allana lived together, St. John did not witness any of her attacks. "You don't know till you live with the person," he says.

In social situations, Gregory was constantly afraid that his sugar was low so he'd run to the restroom to give himself a shot of insulin. He dreaded what others would say because they didn't understand.

"As a kid, I was one of the first to have an insulin pump; it would make a lot of noise, and I did not want to wear it," Gregory says. "When I would talk to girls, it would make this clicking noise and made me [feel like] the oddball.

"I remember not wanting people to stumble upon my needles," he recalls. "Young adulthood was challenging. Diabetes would make me act goofy, cause me to sweat, and I would rebel."

But Gregory's family was supportive. They researched the disease to find new ways to help him manage the condition. As a result they learned why and how diabetes affected his behavior.

"One day we will get rid of some of that ignorance and there will be more support for it," Gregory says. "Diabetics depend on a support team: the people they are around, from their family and friends to their coworkers." Diabetics must monitor their own health, he says, but other people's help is also crucial.

"The number one problem with diabetes is it is not stamped on your forehead," Gregory continues. "Some people cannot have empathy for it."

St. John, however, was able to empathize with Allana's condition. Her struggle also cemented his commitment to following a healthier lifestyle overall.

Admittedly fearful that his daughter may inherit type 1 diabetes, St. John says he'll do preliminary consultations with doctors but is scared to know the results.

Still, now that he's well armored and better educated about how to deal with the disease, he's more confident that he can help his daughter should she ever need it.

DIABETES BASICS

An autoimmune disease, **type 1 diabetes** results when the body destroys the insulin-producing beta cells of the pancreas. This form of diabetes is also called juvenile or childhood diabetes because it usually appears before age 40. The exact cause is unclear, though genes and exposure to viruses and toxins may play a role. People with type 1 diabetes must get regular doses of insulin to survive.

Insulin is a hormone that allows cells to use glucose, a sugar, for energy. Without insulin, sugar builds up in the blood and damages internal organs, the nervous system and blood vessels.

To determine how much insulin to take to normalize their blood sugar levels, people with type 1 diabetes should monitor their levels at least three times each day.

People with **type 2 diabetes** still produce insulin, but it may not be enough or they become resistant to it, which means the body can’t recognize the hormone and properly use it.

Unlike people with type 1 diabetes, the vast majority of those with type 2 diabetes develop the condition because of being overweight or unfit. Anyone can get type 2 diabetes.

The warning signs of diabetes can mimic other conditions, which is why it is important to be checked by a qualified physician.

Doctors diagnose for both type 1 and 2 diabetes by first checking for abnormalities in the blood (high blood glucose level). In addition, they may check the urine for glucose or ketones—chemicals the body makes when there is insufficient insulin in the blood.

Tests used to diagnose type 2 diabetes include a fasting blood glucose test or a casual blood glucose test.

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