

Wonder woman

Jodie Symington doesn't let anything — cystic fibrosis, diabetes, Everest — get in the way of her love of adventure.

INTERVIEW: PIERS FORD

I grew up with cystic fibrosis (CF). I was diagnosed at nine months so I've never known anything different. But when I was diagnosed with cystic fibrosis-related diabetes (CFRD), I was 16 and making the transition from paediatric to adult care, and I found it hard to accept: it was something I really couldn't mess up or ignore.

CF and diabetes are just things I get on with. I really love life and want to see everything that's out there. I love going to see places and the feeling that I can do things. At 23,

I'm in my final year studying applied biology at Newcastle University and I'd love to do a PhD eventually. But I keep agreeing to go on adventures! That's how last May I found myself running a marathon on Mount Everest.

I've still got a really good relationship with my paediatric consultant, Dr Stephen Cronin. He told me he was planning to do the Tenzing-Hillary Everest Marathon in aid of the Cystic Fibrosis Trust, and said I should come too!

I'd done five Great North Runs before, but the closest I'd been to that altitude was skiing,

and for me it was a double challenge with CF and diabetes. I was more worried about the diabetes, because I was finding it hard to control and if you're training, you have to plan your whole day around it: you don't want your blood glucose going too low, because you need enough fuel to burn while you're exercising so you don't go hypoglycaemic, and you don't want it so high that you fall asleep.

There were four of us: our trainer Barry Wilkinson, Guy Fleming-Jones, whose six-year-old son has CF, Stephen and me.



At first, our objective was to do a lot of hill training, expecting that we'd be able to run at high altitude. The plan was to run three times a week, progressively adding a mile to the distance. I think we got up to 17 miles before it dawned on us that, at that height and across that terrain, we would be walking rather than running.

A walking hospital

We had a 10-day trek from Lukla airport up to the marathon start line at Mount Everest Base Camp One. I'd said to Stephen: 'You look after my chest and I'll look after my diabetes.' It was unbelievable how many things we took; we were like a walking hospital. Stephen had four bags with IV lines for antibiotics, saline, things for my stomach and acid inhibitors. I take 40 tablets a day for my CF. And I had my insulins and sugar boosters.

In the end, hypos [low blood glucose attacks] were the only problem I encountered on the way. We'd have breakfast but not set off until we were ready, an hour or two later. Then at lunchtime we'd stop for an hour and a half, so we'd have something to eat and I'd take my insulin. I know from being at sea level that when I take my insulin, if I don't let my food catch up with me, and I exercise right away, I will go hypoglycaemic. So I was taking less and less insulin to avoid that.

The worst hypo was when our trek leader warned me we were approaching a steep climb. I took two units of insulin – I'm on really low doses – and we had a 45-minute break then set off. We got about 15 minutes in and we were on this bank that was like Mount Everest itself: it just went on and on. My hands went cold, I started shaking and laughing hysterically, and I realised I was having a hypo. As Stephen asked if I was okay, I fell against the wall and slid down it! He whipped out some cola and it took me about half an hour to recover afterwards.

I checked my blood when we reached the top and it was 4.3. I'd had all that cola and some jellies, so it must have dropped really low. I was a little bit scared, to be honest. I told Stephen that I'd take my long-acting insulin in the morning, but I wouldn't take my short-acting insulin when I ate because I was burning it off straight away and my blood glucose wasn't getting high enough to be of concern. When I got back and told my diabetes consultant Professor Sally Marshall what had happened, she said I'd done the right thing.

The marathon course winds its way back 26.2 miles from Base Camp One down the Himalayas to Namche Bazar. You start at 17,572 feet and drop to around 6,000 feet so it sounds as if you'll be running downhill. But actually you're going up and down. So we fell 11,000 feet but also climbed 6,000 feet during the day. There's the lack of oxygen to contend with: it's half what it is at sea level, so the air is thinner and it's hard to breathe.

I didn't once think I wouldn't be able to finish. But I did sometimes wonder why I was putting myself through it! Stephen has a theory that women can't manage directions, but because I knew the track so well, I always knew exactly where we were and how far we had to go. We did it in 11 hours 53 minutes, so my next marathon in Belfast in May 2009 will be a personal best, whatever happens!

When we crossed the line, I was torn between crying my eyes out and the thrill that I'd actually done it. The next day, despite the fact that we'd power-walked down the Himalayas, we had to do another 13-mile half marathon back to the airport from Namche. It was a lot more fun, the aches and pains went away, and for the last bit I could actually run up the hill: we were at half the altitude and my lungs thought they had loads of oxygen. I felt like Superwoman.

Going back for more

The whole thing was a fantastic experience and I want to go back and reach the summit of Everest. I'd expected snow and cold but when you're at the bottom it's really humid and there's a rhododendron forest with lots of lush green colour. As you climb, it becomes more barren, and the glacier is crystal blue. When you wake in the morning, the mist is chasing you up. You're above the clouds and you can see these astonishing mountains in the background. They just get bigger and bigger. I'm not a good sleeper, so I'd get up early and watch the sun coming over the mountains.

Now I want to start doing more fund-raising for the diabetes side. I hope to run the Belfast Marathon for Diabetes UK. People are asking about diabetes on the cystic fibrosis forums and so many seem to have symptoms that haven't been diagnosed yet.

As soon as I returned I was in training for the Great North Swim – one mile in a wetsuit on Lake Windermere – and of course another Great North Run in October 2008. I'd signed up to do the New Zealand Iron Man Challenge



Above: Jodie and fellow adventurers arrive home. **Left:** On the Everest Marathon trail.

in 2010 before we even set out for Everest, so I think I should learn to keep my mouth shut! That will mainly be for the CF Association of New Zealand but again, I hope to give a percentage of the money I raise to a relevant diabetes cause.

My family are brilliant and always egging me on. I'd love to say I am fit but I think it's more grit and determination. Obviously for Belfast I'm going to have to stick with the training. I'll need to keep an eye on my diabetes more. I'm ill a lot in the winter with colds and viruses, so I need to find something I can do where I won't be affected by the cold – and that means the gym, which I hate! I like running outdoors. I wouldn't say I'm brave. ■

Find out more

For more on Jodie's fund-raising challenges, visit her website: www.jodieseverestbootcamp.blogspot.com

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Cystic fibrosis is a progressive disease affecting the lungs and digestive system. Cystic fibrosis-related diabetes occurs in approximately 30 per cent of people with CF by the age of 25, but is less common in children. The average life expectancy of someone with CF in the UK is 31.