Dr. Francisco Javier Ortega Ríos.
Family physician, Centro Salud "Campos-Lampreana" (Zamora, Spain).
SED / Fundación redGDPS.

Management of diabetes during holidays, celebrations, and social events

Living with diabetes does not mean giving up social life or the celebrations that are part of our culture and personal relationships. Birthdays, weddings, Christmas, travel, barbecues, or religious events can continue to be part of the life of a person with diabetes. However, these situations pose specific challenges: changes in usual schedules, greater availability of carbohydrate-rich foods, alcohol consumption, unexpected physical activity, or sleep disturbances.

The key to enjoying these occasions without compromising health lies in 3 fundamental pillars: **advance planning, self-awareness, and flexibility**. With appropriate preparation and the right tools, each event can be managed safely and with peace of mind.

GENERAL PRINCIPLES FOR ANY EVENT

Before the event

Preparation begins before leaving home. It is advisable to check glucose levels and always carry the necessary supplies: a glucose meter and test strips or a continuous glucose monitoring (CGM) system, rapid-acting insulin if used, and sources of fast-acting carbohydrates to treat possible hypoglycemia.

If possible, it is advisable to find out about the menu in advance. Communicating dietary needs makes things easier and helps avoid uncomfortable situations. It may also be useful to have a small healthy snack before attending, so as not to arrive excessively hungry, which could make portion control more difficult.

During the event

Carbohydrate counting remains essential, even during celebrations. It is advisable to serve moderate portions and, whenever possible, begin the meal with vegetables and protein before consuming carbohydrate-rich foods, which helps moderate the glycemic impact.

If alcohol is consumed, it should be consumed in moderation and alternated with water to maintain adequate hydration. It is important to remember that prolonged events, dancing, or physical activity may alter glucose levels, so more frequent monitoring is recommended.

There is no reason to hide having diabetes. Communicating it naturally allows those around the person to provide assistance if necessary.

MANAGEMENT ACCORDING TO THE TYPE OF CELEBRATION

Christmas and New Year celebrations

These occasions usually involve large meals, traditional sweets, and irregular schedules. It is important to maintain the medication routine as consistently as possible and make any adjustments previously recommended by the health care team.

When serving food, it may help to mentally plan the plate: prioritize lean proteins, such as turkey or fish, add plenty of vegetables, and limit the amount of carbohydrate-rich foods. If traditional desserts are desired, they can be consumed in small amounts, compensating for or reducing other carbohydrates in the same meal.

For a toast, if permitted by the health care professional, a glass of cava or champagne, preferably brut nature, may be consumed, always with food and never on an empty stomach. Ideally, alcohol-free alternatives should be chosen.

Weddings and large celebrations

These are often long events, with several courses and possible delays. It is advisable to carry small, discreet snacks, such as nuts, protein bars, or whole-grain crackers, in case service is delayed.

During the cocktail reception, protein-rich options should be prioritized, and intake should not be based exclusively on carbohydrate-rich canapés. If dancing is involved, the physical activity should be taken into consideration: dancing can lower glucose levels, particularly when combined with alcohol. In these situations, it is important to check glucose levels before, during, and after dancing and to have fast-acting carbohydrates available.

Birthdays and children's celebrations

These events are usually dominated by sweets and cakes. A small portion of cake can be incorporated into the day's meal plan. If insulin is used, the corresponding dose should be calculated according to the amount of carbohydrates consumed.

For children with diabetes attending parties, it is advisable to bring suitable alternatives and inform the hosts about the child's specific needs.

Barbecues and outdoor events

Barbecues offer good options such as grilled meat or fish and salads. Particular attention should be paid to sauces and dressings, which may contain added sugars.

DIABETES REQUIRES PLANNING, NOT PROHIBITION

»

DIABETES DOES NOT DEFINE SOCIAL LIFE. INFORMED CHOICES AND SELF-CARE MAKE IT POSSIBLE TO ENJOY IMPORTANT MOMENTS SAFELY AND WITH WELL-BEING

» Heat can affect insulin absorption and increase the risk of dehydration. It is essential to keep insulin in a cool place, drink water frequently, and protect oneself from the sun. If physical activities are undertaken, glucose management should be adjusted and appropriate snacks should be available.

Religious and cultural events

Some celebrations involve fasting or ritual meals. Before undertaking a religious fast, such as Ramadan, it is essential to consult the healthcare team to adjust medication, including insulin, and establish safe management strategies.

For traditional meals involving specific foods, knowing their nutritional content in advance helps to plan portions more effectively. Many dishes can be adapted without losing their cultural significance.

Travel and holidays

Travel requires additional planning. It is advisable to carry a complete kit with extra supplies for several additional days in case of delays. A medical report, in both Spanish and English, explaining the condition and the supplies required for treatment may also be very useful.

Changes in time zones may require gradual adjustments to medication schedules. At buffets, the same principles apply: prioritize proteins and vegetables and control carbohydrate portions.

Alcohol and diabetes

Alcohol deserves special consideration. It can cause delayed hypoglycemia, particularly in people using insulin or certain oral medications. If consumed, it should be low in alcohol content and in small amounts. It should not be consumed on an empty stomach and should always be accompanied by foods containing carbohydrates.

It is advisable to set limits before the event and communicate them to a trusted person. After alcohol consumption, glucose »

» should be checked before bedtime and, if necessary, a nighttime alarm should be set for an additional check.

COMMUNICATION AND SOCIAL SUPPORT

Explaining the basic aspects of diabetes to family and friends facilitates support. It is useful to teach close contacts how to recognize the symptoms of hypoglycemia and how to respond.

Any special needs can also be communicated discreetly to the hosts. Offering to bring a suitable dish can be a practical solution that benefits everyone.

Checking glucose levels or administering insulin during the event should be done naturally. Normalizing these aspects of care contributes to greater social understanding of the disease.

PREPARING AN EMERGENCY KIT

An appropriate kit should include:

- Glucose meter and additional test strips or a spare CGM sensor.
- Fast-acting carbohydrates.
- Snacks containing carbohydrates and protein.
- Additional insulin, if used.
- Glucagon.
- Visible medical identification.
- A list of current drugs and emergency contacts.

The kit should be checked regularly to ensure that all items are in good condition and within their expiry dates.

TECHNOLOGY AS AN ALLY

CGM allows discreet glucose checks during social events. Mobile applications help calculate carbohydrate intake and record data. Insulin pumps provide flexibility for adjusting basal doses in special situations.

Technology facilitates adaptation to changes in circumstances, although it always requires active supervision by the individual.

RECOVERY AFTER THE EVENT

After a celebration, it is advisable to return to the usual routine of meals, sleep, and medication as soon as possible. During the following 24–48 hours, increasing the frequency of glucose monitoring may be useful to detect possible delayed effects.

Reviewing what happened provides an opportunity to learn for future occasions: what worked well and what could be improved. This analysis should be undertaken without guilt, as part of the continuous learning process. D

CONCLUSIONS

Celebrations should not be viewed as a threat, but as situations that require preparation and conscious adjustments. Diabetes requires planning, not prohibition. With knowledge, organization, and support from those around them, people with diabetes can participate fully in social life.

Each person is different, and management should be adapted to their individual circumstances. Communication with the healthcare team, continuous learning, and practical experience strengthen confidence in dealing with any event.

REFERENCES

1. American Diabetes Association. Standards of Medical Care in Diabetes. ADA; Section 5: Facilitating Positive Health Behaviors and Well-being to Improve Health Outcomes. Diabetes Care Volume 49, Supplement 1, January 2026; S89-S131.
2. Mayo Clinic. Diabetes Management: Patient Education Resources. Mayo Clinic; 2020-2024. mayoclinic.org/diseases-conditions/diabetes/in-depth/diabetes-management/art-20047963 ("Diabetes management: How lifestyle, daily routine affect blood sugar".
3. National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). Diabetes: Eating & Activity Guidelines. "Healthy Living with Diabetes. niddk.nih.gov
4. Evert AB, Dennison M, Gardner CD, et al. Nutrition Therapy for Adults With Diabetes or Prediabetes: A Consensus Report. Diabetes Care. 2019, May;42(5):731–754.
5. Franz MJ, Boucher JL, Evert AB. Evidence-based Diabetes Nutrition Therapy Recommendations. J Am Diet Assoc. 2010; 65-72.
6. Association of Diabetes Care & Education Specialists (ADCES). Diabetes and Social Situations: Practical Self-Care Guides. ADCES; 2019-2023.
7. Holt RIG, DeVries JH, Hess-Fischl A, et al. "The management of type 1 diabetes in adults. A consensus report by the American Diabetes Association (ADA) and the European Association for the Study of Diabetes (EASD)." Diabetes Care. 2021;44:2589-2625.