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Sign guidelines diabetes diagnosis

Diabetes is a disease that occurs when your body does not make or uses hormonal insulin properly. It causes too much blood glucose (sugar) to build up in the blood. There are two main types of diabetes. Type 1 diabetes occurs when your body does not produce insulin. It is sometimes called juvenile diabetes because it is usually discovered in children and adolescents, but can appear in adults, too. Type 2 diabetes occurs when your body does not produce enough insulin or does not use insulin as it should. In the past, doctors thought that only adults had the risk of developing type 2 diabetes. However, an increasing number of children in the United States are being diagnosed with the disease. Doctors think this increase occurs mainly because more children are overweight or obese and are less physically active. Prediabetes occurs when blood sugar levels are higher than they should, but not high enough to be officially diagnosed as diabetes. Prediabetes greatly increases the risk of developing type 2 diabetes. The good news is that if you have prediabetes, you can prevent or delay the onset of complete type 2 diabetes by making lifestyle changes. These include eating a healthy diet, achieving and maintaining a healthy weight, and exercising regularly. Symptoms vary from person to person. The early stages of diabetes have very few symptoms. You may not know you have the disease. But damage may already be happening to your eyes, kidneys and your cardiovascular system. Common symptoms include: extreme hunger. Extreme sedem. Frequent urination. Unexplained weight loss. Fatigue or drowsiness. Blurred vision. Slow healing wounds, wounds or bruises. Dry and itchy skin. Tingling or numbness in the hands or feet. Frequent or recurrent infections of the skin, gum, bladder or vaginal yeast. People who have type 2 diabetes may also show signs of insulin resistance. This includes darkening the skin around the neck or armpits, high blood pressure, cholesterol problems, yeast infections and periods ignored or absent in girls and adolescent women. If blood sugars are extremely high, people may develop diabetic ketoacidosis (DKA). This is a very dangerous complication of uncontrolled diabetes. People with DKA may have: Nausea or vomiting more than once. Deeper and faster breathing. The smell of nail polish remover coming from your breath. Weakness, drowsiness, tremors, confusion or dizziness. Uncoordinated muscle movement. If diabetes is not treated, your blood sugar levels become very high. When this happens, symptoms can include shortness of breath, pain in the abdomen, vomiting, dehydration and even coma and death. Type 1 diabetes In type 1, your body doesn't make insulin. This is because the system attacks and destroys the cells of the pancreas that make insulin. Doctors don't know why this happens. You have a higher risk of type 1 1 whether one of his parents or one of his brothers has. Type 2 When you eat, your body changes most of the foods you digest in glucose (a form of sugar). A hormone called insulin allows this glucose to enter all cells in your body. It's used for energy there. Insulin is produced by the pancreas. In someone who has type 2 diabetes, the pancreas does not produce enough insulin or the body cells cannot use insulin properly (called insulin resistance). This causes glucose to build up in the blood instead of moving to the cells. Too much blood glucose can lead to serious health problems that damage blood vessels, nerves, heart, eyes and kidneys. Some risk factors for type 2 diabetes include: Weight. Obesity is the most important risk factor for type 2 diabetes. The more overweight you are, the more resistant your body is to insulin. To find out if you are overweight, talk to your doctor. A healthy diet with low fat and regular exercise can help you gradually lose weight and keep you off. The risk for type 2 diabetes increases with age, especially after age 45. Although you cannot change your age, you can work on other risk factors to reduce your risk. Family history. You can't change your family history, but it's still important for you and your doctor to know if diabetes runs in your family. Your risk of diabetes is higher if your mother, father or brother has diabetes. Tell your doctor if anyone in your family has diabetes. Pregnancy. Gestational diabetes is a type of diabetes that only happens during pregnancy. Although gestational diabetes falls after pregnancy, about half of women who have had gestational diabetes are diagnosed with type 2 diabetes within 15 years. Even if they do not have gestational diabetes, women who give birth to babies who weigh 9 pounds or more are more likely to develop type 2 diabetes later in life. The American Academy of Family Physicians (AAFP) recommends screening for gestational diabetes in pregnant women after the 24th week of pregnancy. The AAFP believes that there is insufficient evidence to determine the benefit and damage of gestational diabetes screening in pregnant women prior to the 24th week of gestation. Polycystic ovary syndrome (PCOS). This is a condition that occurs when an imbalance of hormone levels in the woman's body causes cysts to form in the ovaries. Women who have PCOS have an increased risk of developing type 2 diabetes. Smoking and alcohol. The use of alcohol and tobacco may increase the risk of type 2 diabetes. Stop smoking as fast as you can. It's probably okay to drink alcohol with a meal, but you should only have 1 part a day. Less is even better. One serving is 4 ounces of wine, 12 ounces of beer, or 1.5 ounces of liquor The risk of developing type 2 diabetes increases with the number of risk factors you

have. If you have 2 or more risk factors, talk to your doctor about how to delay or prevent type 2 diabetes. After examining it, discussing your symptoms, and going over your health history, your doctor may test for diabetes if he or she suspects you are at risk. To check for diabetes, your doctor may request the following tests: Fasting blood sugar test. This test is usually done in the morning, after an 8-hour fast (do not eat or drink anything except water for 8 hours before the test). The blood test involves inserting a small needle into a vein in your arm to draw blood. This blood will be sent to a lab for testing. If your blood sugar level is 126 milligrams per deciliter (mg/dL) or higher, your doctor will probably want to repeat the test. A blood sugar level of 126 milligrams per deciliter (mg/dL) or higher on two occasions indicates diabetes. A blood sugar level of 100 mg per dL to 125 mg per dL suggests that you have prediabetes. A blood sugar level below 99 mg per dL is normal. Oral glucose tolerance test. During this test, you will drink a drink containing 75 grams of glucose dissolved in water. This tastes like fresh water. Two hours later, a doctor or nurse will measure the amount of glucose in your blood. A blood sugar level of 200 mg/dL or higher indicates diabetes. Random blood sugar test. This test assesses blood glucose at any time of the day. It doesn't matter when you last ate. Combined with diabetes symptoms, a blood glucose level of 200 mg/dL or higher indicates diabetes. A1C blood test. This test provides information on a person's average blood glucose levels in the last 3 months. The results are reported as a percentage. A normal A1C level is below 5.7%. If your A1C is higher than that, it means your blood sugar has been higher than normal. A test result between 5.7% and 6.4% indicates prediabetes. A result of 6.5% or more indicates diabetes. The AAFP recommends screening adults for type 2 diabetes as part of a cardiac risk assessment for people between 40 and 70 years of age who are overweight or obese. Doctors are encouraged to offer or refer patients with abnormal blood glucose levels for behavioral counseling to promote a healthy diet and physical activity. Talk to your doctor about your risk factors for diabetes. Although you may not be able to change all of them, you can make changes to significantly reduce your risk. Exercise and weight control. Exercising and maintaining a healthy weight can reduce the risk of diabetes. Any activity is better than none. Try to exercise for 30 to 60 minutes most days of the week. Always talk doctor before starting an exercise program. Diet. A diet high in fat, calories and cholesterol increases the risk of diabetes. A poor diet can lead to obesity (another risk factor for diabetes) and other health problems. A healthy diet is high in and low in fat, cholesterol, salt and sugar. Also, remember to observe the size of your share. How much you eat is as important as what you eat. The most important thing you can do is control your blood sugar level. You can do this by eating right, exercising, maintaining a healthy weight, and, if necessary, taking oral medications or insulin. Diet. Your diet should include many complex carbohydrates (such as whole grains), fruits and vegetables. It is important to eat at least 3 meals a day and never skip a meal. Eat at the same time every day. This helps keep your insulin or medications and sugar levels stable. Avoid empty calories such as foods high in sugar and fat, or alcohol. Exercise. Exercise helps your body use insulin and lower blood sugar level. It also helps control your weight, gives you more energy, and is good for your overall health. Exercise is also good for the heart, your cholesterol levels, your blood pressure and your weight. These are all factors that can affect the risk of heart attack and stroke. Talk to your doctor about starting an exercise program. Maintain a healthy weight. Losing excess weight and maintaining a healthy body weight will help you in 2 ways. First, it helps insulin work better in your body. Second, it will lower your blood pressure and lower the risk of heart disease. Take your medicine. If diabetes cannot be controlled with diet, exercise and weight control, your doctor may recommend medications or insulin. Most people who have type 2 diabetes start with an oral medicine (taken by the mouth). Oral medications can make your body produce more insulin. They also help your body use the insulin it makes more efficiently. Some people need to add insulin to the body with insulin injections, insulin pens or insulin pumps. Always take medications exactly as your doctor prescribes. Oral medicine doesn't work for everyone. It is not effective in the treatment of type 1 diabetes. Insulin therapy is necessary for all people who have type 1 diabetes and for some people who have type 2 diabetes. If you need insulin, you will have to give yourself an injection (either with a syringe or with an insulin pen). Your doctor will tell you what kind of medicine you should take and why. Your doctor will test your blood sugar every 3 months with an A1C test. Your doctor may ask you to test your blood sugar on your own all day if you are taking insulin or they are adjusting your medication. You will need to use a blood glucose monitor to check on your own. This involves poke your finger into blood and putting a test strip in the blood. Placing the test strip on the monitor gets the results. If the sugar in the get very low, you may feel tired, have problems with muscle coordination, sweat, have difficulty thinking or speaking clearly, if you contract, feel that you will faint, faint, pale, lose consciousness, or have a seizure. At the earliest sign of any of these symptoms, eat or drink something that increases your blood sugar quickly. This may include sweets, juice, milk or raisins. If you don't feel better in 15 minutes or if monitoring shows that your blood sugar level is still too low, eat or drink another item to increase your blood sugar quickly. Always keep a supply of these items on hand for emergencies. You may not know if your blood sugar is too high unless you test yourself. However, you may experience common symptoms such as frequent urination, extreme sea, blurred vision, and tiredness. Some factors unrelated to food can make your blood sugar high. This includes not taking your insulin properly, overeating at a meal, illness, having hormonal changes and stress. If your blood sugar level is too high and you take insulin, you may need to take an extra dose of fast or short acting insulin to return it to normal. Your doctor may tell you how much insulin you need to take to lower your blood sugar level. You can live a normal life with well-controlled diabetes. However, you have to pay attention to your diet, weight, exercise and remedies. If you don't control your diabetes, you'll have a lot of blood glucose. This can lead to serious health problems, including heart disease and damage to nerves and kidneys. They are known as diabetic complications. Complications include: diabetic neuropathy (nerve damage). This makes it difficult for your nerves to send messages to the brain and other parts of the body. You may lose sensation in parts of your body or have a painful feeling, tingling or burning. Neuropathy most often affects the feet and legs. If you have neuropathy, you may not be able to feel a pain in your foot. The wound could become infected. In severe cases, the foot may have to be amputated (removed). People who have neuropathy can continue walking on a foot that damaged joints or bones. This can lead to a condition called Charcot's foot. The charcot foot causes swelling and instability in the injured foot. It can also cause the foot to become deformed. However, this problem can often be avoided. Check your feet every day. Consult your doctor immediately if you see swelling, redness and feeling warmth in your foot. These may be charcot foot signs. Your doctor should check your feet frequently, too. Neuropathy can also cause erectile dysfunction in men and vaginal dryness in women. Diabetic retinopathy (eye problems). This affects the part of your eye called the retina. It is the part of the eye that is sensitive to light and sends messages to your brain about what you see. Diabetes can damage and weaken small blood vessels Retina. When the blood vessels in your retina are damaged, the fluid may leak from them and cause swelling in your macula. The macula is the part of the retina that you sharp and clear vision. Swelling and fluid can cause blurred vision. That makes it hard for you to see. If retinopathy gets worse, it could lead to blindness. Laser surgery can often be used to treat or delay retinopathy if found early. People with diabetes should have an eye exam once a year. Consult your doctor if you have blurry vision for more than 2 days, sudden loss of vision in 1 or both eyes, moving black or gray spots often called floats, flashing lights, or pain or pressure in your eyes. Diabetic nephropathy (kidney damage). That's damage to the blood vessels in your kidneys. This means that your kidneys have trouble filtering waste. Some people who have nephropathy will eventually need dialysis (a machine treatment that eliminates blood waste) or a kidney transplant. The risk of nephropathy is increased if you have diabetes and high blood pressure, so it is important to control both conditions. Protein in urine is usually the first sign of nephropathy. This should be checked annually. Heart disease and stroke. People who have diabetes are at higher risk of heart disease and stroke. The risk is even higher for people who have diabetes and smoking, have high blood pressure, have a family history of heart disease or are overweight. Heart disease is easier to treat when they're caught early. It is very important to see your doctor regularly. He or she can test early signs of heart disease. This includes checking cholesterol levels. If your cholesterol is higher than the recommended level, your doctor will talk to you about lifestyle changes and medications to help control your cholesterol. The longer your diabetes is uncontrolled, the more damage you do to your health. That's why treatment is important at any age. Keeping blood sugar levels very close to ideal can minimize, delay and, in some cases, even prevent the problems that diabetes can cause. How did I get diabetes? If I have diabetes, will my children develop too? Am I going to need insulin? If I don't have a family history of diabetes, can I still get it? Can your diabetes get worse even if you do everything right? Can I prevent gestational diabetes? If I had gestational diabetes while I was pregnant, would I get type 2 diabetes later? Will babies of a mother with gestational diabetes develop diabetes? How can I tell the difference between Charcot's foot and the drop on my foot? Foot?

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