

DIABETES TYPE I.



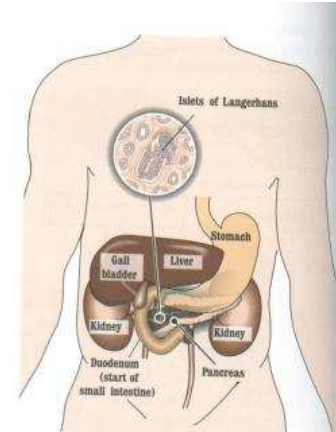
BASIC INFORMATION

Diabetes is a chronic condition in which the body is not able to control the amount of glucose (a form of sugar) in the blood. Glucose is needed by the body to produce energy, but too much glucose leads to serious problems. Glucose levels are normally controlled by the hormone insulin, which is produced in the pancreas. With diabetes, there is either not enough insulin produced or the body is unable to use the insulin that is produced.

There are two main types of diabetes, type 1 and type 2. Type 1 diabetes is also called insulin-dependent diabetes or juvenile diabetes. About 5%-10% of people with diabetes have type 1. It can develop at any age, but often occurs in children, teenagers, or young adults.

FREQUENT SIGNS AND SYMPTOMS

- Fatigue and excess thirst.
- Increased appetite and weight loss.
- Frequent urination.
- Itching around the genitals.
- General ill feeling.
- Blurred vision.
- Increased risk of infections, such as urinary-tract infections and yeast infections of the skin, mouth, or vagina.



CAUSES

In type 1 diabetes, little or no insulin is made by the pancreas. It is one of a group of autoimmune disorders. In these disorders, the immune system mistakenly attacks the body itself. Why this occurs is unknown. Other possible factors include a viral infection or an injury to the pancreas.

RISK INCREASES WITH

Family history of diabetes. It occasionally skips one generation.

PREVENTIVE MEASURES

Cannot be prevented.

EXPECTED OUTCOMES

There is no cure. Symptoms and progress of the disease can be controlled with a treatment program.

POSSIBLE COMPLICATIONS

- Cardiovascular (heart and blood vessel) disease, such as stroke, atherosclerosis, and coronary-artery disease.
- Kidney damage.
- Blindness.
- Nerve damage (neuropathy).
- Peripheral vascular disease, with gangrene in legs and feet, and sexual impotence in men.
- Life-threatening hypoglycemia (low blood sugar) if too much insulin is used.
- Life-threatening ketoacidosis (very high blood sugar) with breakdown of body cells.

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DIAGNOSIS & TREATMENT GENERAL MEASURES

- Your doctor will do a physical exam and ask questions about your symptoms. Tests include glucose blood and urine studies. A glucose tolerance test may be done. Follow-up includes hemoglobin A1C test. It shows the blood glucose levels for the past three months.
- Type 1 diabetes is treated with insulin, exercise, and diet. Because of the risk of heart disease, controlling cholesterol levels is also important. A diabetes educator can help you learn to manage your diabetes.
- Learn all you can about diabetes. Learn the techniques of self-monitoring of blood sugar and monitor regularly. Learn the signs and symptoms of high and low blood glucose levels and what to do. Keep glucose tablets handy for treating low blood sugar, if needed.
- Get regular foot care by a foot care provider (e.g., podiatrist) and regular eye check ups.
- Stop smoking. Find a way to quit that works for you.
- Wear a medical alert-type bracelet or pendant to indicate you have diabetes and take insulin.
- Get medical care for any infection.

MEDICATIONS

- Insulin (by injection or insulin pump) will be prescribed. Instructions will be provided. Dosage depends on the individual and sometimes needs adjustment.
- Aspirin, cholesterol-lowering drugs, and drugs for high blood pressure may be prescribed.

ACTIVITY

Daily exercise helps control diabetes. Follow your doctor's advice about an exercise plan.

DIET

A healthy diet is part of treatment. Don't skip meals. A dietitian can help you with meal plans.



NOTIFY OUR OFFICE IF

- You or a family member has symptoms of diabetes.
- After diagnosis, any symptoms cause you concern or problems occur with glucose control.
- You have any other questions or concerns, call Canadian Medical Care (+420) 235 360 133, CMC in The Park (+420) 272 913 593, or after hours (+420) 724 300 303.

FURTHER INFORMATION

- www.diabetes.org
- www.diabetes.org.uk

SOURCE

- Moore, Stephen. Griffith's Instructions for Patients, 7th Edition. Elsevier: 2005.

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