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The Better Way to Natural Health

1 message

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In our November blog we spoke on the topic of Diabetes. Today in our Newsletter we are going to touch on a few complications that can arise from diabetes.



Skin Complications

People with diabetes are at an increased risk of developing skin problems, or from complications of skin problems that have not been spotted soon enough, often because of reduced skin sensation.

Most skin conditions can be prevented and successfully treated if caught early. However, if not cared for properly, a minor skin condition in a person with diabetes can turn into a serious problem with potentially severe consequences.

Eye complications

If you have diabetes, regular eye examinations are important to detect and treat eye problems. These should be arranged by your diabetes health team as part of regular

tests and screening.

High blood sugar (glucose) increases the risk of diabetes eye problems. In fact, diabetes is the leading cause of blindness in adults aged 20 to 74.

Blurred vision can be a symptom of more serious eye problems with diabetes. The three major eye problems that people with diabetes may develop and should be aware of are cataracts, glaucoma, and retinopathy.

Neuropathy

Diabetic neuropathy is nerve damage due to the complications of diabetes. This can occur when blood sugar remains too high over a long period of time. The types of neuropathy are peripheral, autonomic, proximal and focal. Often diabetic neuropathy affects the feet and legs, making foot care a priority for those with diabetes. Symptoms include tingling, numbness, pain and burning.

Foot Complications

If you have diabetes, it's essential to make foot care part of your daily routine.

People with diabetes can develop complications before they realise they even have a problem.

When feet and legs have nerve damage, a small cut or wound can go unnoticed. That's why it's critical to check for problems before they get infected and lead to serious complications - such as gangrene or amputation.

Make sure your diabetes specialist examines your feet during each check-up. An annual foot examination should be performed which should include an inspection of the skin - they may check for redness or warmth of the skin. The examination is also to check for pulses and the temperature of your feet and an assessment of sensation of the foot.

Ketoacidosis & Ketones

Diabetic ketoacidosis, or DKA, is a medical emergency caused high blood glucose levels or hyperglycaemia.

Ketoacidosis is caused by a lack of insulin to process glucose to use as energy. The body responds by using fat stores for energy instead, releasing damaging ketones into

the blood as a by-product.

The symptoms of DKA include excessive thirst, nausea or vomiting, dry skin, blurred vision and rapid, breathing.

Without treatment, dehydration is a risk to health.

High ketone levels can often be smelled on the breath of a person with DKA, with a nail varnish or pear-drop type aroma.

A related condition is a hyperosmolar hyperglycaemic state, HHS, previously known as HONK: hyperglycaemic hyperosmolar non-ketotic coma. In this condition, high blood glucose levels cause similar symptoms as DKA, but without the ketones release.

Kidney Disease (Nephropathy)

Kidney (renal) disease, also known as chronic kidney disease, can cause fluid and waste build up which can lead to life threatening kidney failure. Kidney disease can be caused by **diabetes**, infections, high blood pressure, auto-immune diseases and other conditions. Symptoms include swelling, dry skin, fatigue and many other signs. Treatments for renal disease include medication (to control other conditions that can cause kidney disease), dialysis and kidney transplants.

High Blood Pressure (Hypertension)

People with diabetes are more likely to also have high blood pressure or hypertension.

High blood pressure can increase the risk of diabetes complications such as diabetic eye and kidney problems.

Managing blood pressure will be a part of a person's overall diabetes care plan.

Stroke

If diabetes is not controlled well, the effects of high blood sugar can increase your risk of having a stroke.

The Stroke Association says having diabetes nearly doubles a person's stroke risk and plays a role in around 1 in 5 strokes.

Diabetes can contribute to narrowing and hardening of the arteries. This makes them more likely to rupture or become blocked. This can cut off the oxygen supply to the brain, called a stroke.

Without oxygen, parts of the brain can be damaged causing disability, speech problems, or death in some cases. The longer the brain is starved of oxygen, the more damage is done. Stroke recovery chances improve the quicker treatment is given.

Diabetes is just one major risk factor for a stroke. Others include high blood pressure, high cholesterol and smoking.

Many people with type 2 diabetes don't know they have it, and some may be diagnosed after becoming ill with another medical problem, including a stroke.

Hyperosmolar Hyperglycemic Nonketotic syndrom (HHNS)

Hyperosmolar Hyperglycemic Nonketotic Syndrome, or HHNS, is a serious condition most frequently seen in older persons. HHNS can happen to people with either type 1 or type 2 diabetes that is not being controlled properly, but it occurs more often in people with type 2. HHNS is usually brought on by something else, such as an illness or infection.

In HHNS, blood sugar levels rise, and your body tries to get rid of the excess sugar by passing it into your urine. You make lots of urine at first, and you have to go to the bathroom more often. Later you may not have to go to the bathroom as often, and your urine becomes very dark. Also, you may be very thirsty. Even if you are not thirsty, you need to drink liquids. If you don't drink enough liquids at this point, you can get dehydrated.

If HHNS continues, the severe dehydration will lead to seizures, coma and eventually death. HHNS may take days or even weeks to develop. Know the warning signs of HHNS.

Gastroparesis

Diabetes that is not well managed is often the cause of the delayed stomach emptying condition gastroparesis.

This happens due to damage to nerves in the stomach from high blood glucose levels. The vagus nerve should sense when the stomach should be emptied as part of the digestive process, but no longer works properly.

Heart Diseases

People with diabetes are more likely to develop cardiovascular disease - such as heart disease and strokes - than those who don't have diabetes.

If blood glucose levels are not well managed the walls of arteries that carry blood

around the body are more likely to develop fatty deposits. This is called atherosclerosis and narrows the arteries impeding the flow of blood to organs around the body.

This process, and the damage it causes, can begin long before diabetes has been diagnosed.

If bits of these deposits break off, blood clots can form and blood vessels can be blocked, causing heart attacks, stroke or painful peripheral vascular disease.

Heart failure is also more likely with diabetes. This means the heart cannot pump blood efficiently.

Mental Health

Among the wide-ranging comorbidities associated with diabetes, mental-health issues are probably among the most overlooked, despite their potential to compromise self-management and increase the risk for serious complications, according to a new viewpoint published online July 10 in the *Journal of the American Medical Association*.

"Despite the potential adverse effects of mental-health problems on diabetes outcomes and healthcare expenditures, only about one-third of patients with these coexisting conditions receive a diagnosis and treatment," write Barbara J. Anderson, PhD, of the Baylor College of Medicine department of pediatrics, in Houston, Texas, and colleagues.

Published data underscore the prevalence of mental-health illness associated with diabetes: rates of major depressive disorder, which affects 6.7% of adults in the United States, are 2 times greater among individuals with type 1 or type 2 diabetes across a lifespan. And depression is higher among youth with type 1 diabetes, compared with those without the disease, according to a 2011 meta-analysis (Gonzalez JS. Depression. In: Peters A, Laffel L, eds. *Type 1 Diabetes Sourcebook*. 2013:169-179).

While researchers work to better understand the mechanisms linking diabetes and depression, it's clear that the relationship is bidirectional, Dr. Anderson told *Medscape Medical News*. "Having depression raises your risk for onset of diabetes, just as having diabetes raises your risk for onset of depression," she said.

"Currently, the neuropsychology of diabetes and brain and neural-network changes in diabetes and depression are the 'new frontier' in behavioral research in diabetes," she added.

She also notes that physicians are not good at recognizing mental-health issues among diabetic patients, so education is needed to help them understand this and to

encourage them to refer people to mental-health teams so they can get treatment.

Pregnancy

Most women with type 1 or type 2 diabetes have healthy pregnancies and healthy babies, but the condition does require special management during pregnancy.

Pregnancy places extra demands on a woman's body meaning diabetes needs to be carefully monitored and blood sugar levels well managed.

Diabetes in pregnancy increases the risk of having a large baby, stillbirth, miscarriage, the need for a caesarean delivery and possible health problems for the child later in life.

If you have diabetes and would like to get pregnant, there are steps you can take with your diabetes care team take to lessen the risks to you and your baby.

As well as managing diabetes, the normal pre-pregnancy advice will be given to stop smoking, avoid alcohol, have a healthy balanced diet and to stay active.

Make sure you are checking our blog every month because we will be diving into deeper explanations of the complication that can arise from diabetes.



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