

Types 1 and 2 Diabetes

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As promised, this is the follow-up article to Prediabetes, which will cover both Type 1 and 2 diabetes. Information for the article comes primarily from the CDC.

Type 1 diabetes was previously known as juvenile diabetes or insulin dependent diabetes mellitus (IDDM). Type 1 diabetes develops when the body's immune system attacks and destroys the pancreatic beta cells which are the only cells in the body that make the hormone insulin. Insulin regulates the blood glucose levels in the body. Because the body is then unable to produce any insulin, Type 1 diabetics must have insulin delivered by injection or pump in order to survive. Type 1 diabetes usually strikes children and young adults, although it is possible for this disease to strike at any age. There is no known way to prevent Type 1 diabetes. Risk factors include a history of autoimmune disease, genetic predisposition and possibly environmental influences.

Type 2 diabetes was previously called non-insulin dependent diabetes mellitus (NIDDM) or adult onset diabetes. *Type 2 diabetes differs from Type 1 in that you may be able to delay or prevent the onset with healthy lifestyle choices and proper medical intervention.* Onset usually begins as insulin resistance, a disorder in which the cells do not use insulin properly. As the need for insulin rises, the pancreas gradually loses its ability to produce it. Because the progression is gradual, early symptoms are often missed. These symptoms include excessive thirst, unexplained weight loss, and fatigue. As the pancreas fails to respond to the need for insulin, blood glucose levels rise. If left untreated, the result is diabetic coma. Type 2 diabetes is associated with obesity (particularly with fat around the waist or "apple-shaped" bodies), family history of diabetes, physical inactivity and race. African Americans, Hispanic/Latino Americans, American Indians and Pacific Islanders are at particularly high risk for Type 2 diabetes. Sadly we are now seeing Type 2 diabetes in severely obese children and adolescents.

Many people with type 2 diabetes can control their blood glucose by following a healthy meal plan and exercise program. When this is not enough, there are many oral medications that help to increase insulin production or assist the body in better utilizing the insulin available. As the disease progresses, some type 2 diabetics may also need insulin injections.

The best outcome for type 2 diabetics is achieved through careful monitoring of blood glucose levels and adhering to a program of healthy eating and exercise. If diabetes is not well controlled with healthy lifestyle changes and medication, the effects on the body can be devastating. Adults with diabetes have a 2 to 4 times higher risk of heart disease or stroke. High blood pressure, blindness and amputations are also frequent complications. More than 60% of nontraumatic lower limb amputations occur in people with diabetes. Overall the risk for death among people with diabetes is about twice that of people of similar age but without diabetes.

If you have diabetes or think you may be at risk, be sure to see your doctor for regular checkups. In addition, the American Diabetes Association has a wonderful website at www.diabetes.org. Here you will find useful information about identifying if you are at risk as well as educational material and tools for finding healthy recipes and making better lifestyle choices.