

Type 2 Diabetes FAQ

What is diabetes?

Diabetes means there is too much glucose in the bloodstream. Glucose is a type of sugar that's created as carbohydrates are broken down during digestion. Glucose is the primary source of energy for cells. After eating carbohydrate-containing foods, the pancreas, a gland that lies behind the stomach and provides substances to help with digestion, releases a hormone called insulin. Insulin unlocks the cells, so to speak, to let the glucose into the cells so they can use the glucose for fuel. Those who have diabetes either can't produce insulin, don't make enough insulin, or their cells can't use the insulin the pancreas makes. Because glucose can't get into the cells, it remains in the bloodstream.

High levels of blood sugar over time can wreak havoc on bodily systems. The complications of diabetes include heart disease, kidney disease, blindness, nerve problems and amputations. However, having diabetes does not mean one will develop severe complications. Keeping blood sugar levels in normal ranges helps prevent many of these and other complications.

What is type 2 diabetes?

In type 2 diabetes, the body doesn't make enough insulin or the body can't use insulin the body creates. To compensate, the pancreas will try to produce more insulin to try to reduce blood sugar levels. But over time, the pancreas is unable to keep turning out so much insulin and gradually stops.

Who gets type 2 diabetes?

People who are diagnosed with type 2 diabetes are usually older than 45, although increasing numbers of obese children, teens and young adults are being diagnosed with it. Factors that increase the risk of developing type 2 diabetes are a family history of diabetes, obesity, a sedentary lifestyle and age. Those who are Hispanic, African American and Native American are also at higher risk.

How many people have type 2 diabetes?

Of the 20 million people in the United States who have diabetes, between 90–95 percent have type 2. The American Diabetes Association (www.diabetes.org) notes that while more than 14 million have been diagnosed with diabetes more than 6 million don't know they have it. Also, 41 million more are thought to have prediabetes. Prediabetes is a condition in which blood sugar is higher than it's supposed to be but not high enough to be diagnosed as diabetes.

Can type 2 diabetes be prevented?

Various studies show that those with prediabetes can take action to help delay or possibly prevent the development of type 2 diabetes. Studies show that people with prediabetes who lose weight through proper diet and exercise can delay the onset of type 2 diabetes. Additionally, there are drugs used in the treatment of type 2 diabetes that lower blood sugar, and studies have shown them to be effective in delaying the onset of diabetes. However, drug therapy is expensive, and experts note that routine use of drugs to prevent the development of type 2 diabetes should not be undertaken until more data become available regarding the cost effectiveness of this strategy.

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What are the treatments for type 2 diabetes?

The most important action anyone with type 2 diabetes can take is to keep their blood sugar in the range of people who don't have diabetes. The American Diabetes Association defines this as 90–130 mg/dL before meals and less than 180 mg/dL two hours after a meal. It is also important to keep the HbA1c level at less than 7 percent. (HbA1c is a blood test that provides a picture of how well one's diabetes management plan has been working during the preceding two or three months.) Studies show that keeping blood sugar ranges as close to normal as possible reduces the chances of developing eye, nerve and kidney disease. Reducing cholesterol and high blood pressure along with keeping blood sugar in normal ranges may also reduce the risk of developing heart disease.

Proper diet and exercise are crucial to keeping blood sugar levels in a tight range. Medications, including insulin, may also be necessary.



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