

## A Note on Diabetes and How Diabetes Managed

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### Abstract

Diabetes is a very common disease in the world. But people may never realize, how did they get diabetes and what will happen to them and what will they go through. It may not be your problem but you have to show respect and care for the one who has diabetes. It can help them and also benefited you to know more about it and have a better understanding of it. Diabetes is a metabolic disorder which is identified by the high blood sugar level. Increased blood glucose level damages the vital organs as well as other organs of the human's body causing other potential health ailments.

### Introduction

Diabetes is a disease that occurs when your blood glucose, also called blood sugar, is too high. Blood glucose is your main source of energy and comes from the food you eat. Insulin, a hormone made by the pancreas, helps glucose from food to into your cells to be used for energy [1]. Occasionally your body does not make enough — or any — insulin or does not use insulin well. Glucose also stays in your blood and does not reach your cells. Over time, having too much glucose in your blood can beget health problems. Although diabetes has no cure, you can take way to manage your diabetes and stay healthy [2].

Occasionally people call diabetes “a touch of sugar ” or “ frame diabetes. ” These terms suggest that someone does not really have diabetes or has a less serious case, but every case of diabetes is serious [3].

Habitual diabetes conditions include type 1 diabetes and type 2 diabetes. Potentially reversible diabetes conditions include prediabetes and gravid diabetes. Prediabetes occurs when your blood sugar situations are advanced than normal, but not high enough to be classified as diabetes [4]. And prediabetes is frequently the precursor of diabetes unless applicable measures are taken to help progression. Gravid diabetes occurs during gestation but may resolve after the baby is delivered [5].

Diabetes happens when your body is not suitable to take up glucose into its cells and use it for energy. This result in a figure up of redundant sugar in your bloodstream. Poorly controlled diabetes can lead to serious consequences, causing damage to a wide range of your body's organs and apkins including your heart, feathers, eyes and jitters [6].

By the process of digestion, food that we eat is broken down into useful compounds. One of these compounds is glucose, usually referred to as blood sugar. The blood performs the job of carrying glucose to the cells of the body. But mere carrying the glucose to the cells by blood isn't enough for the cells to absorb glucose [7].

This is the job of the Insulin hormone. Pancreas supply insulin in the human body. Insulin acts as a bridge for glucose to transit from blood to the body cells. The problem arises when the pancreas fails to produce enough insulin or the body cells for some reason do not receive the glucose. Both the cases result in the excess of glucose in the blood, which is referred to as Diabetes or Diabetes Mellitus. There are two types of blood sugar levels – fasting blood sugar level and postprandial blood sugar level. The fasting sugar level is the sugar level that we measure after fasting for at least eight hours generally after an overnight fast. Blood sugar level below 100 mg/dL before eating food is considered normal. Postprandial glucose level or PP level is the sugar

level which we measure after two hours of eating [8].

The PP blood sugar level should be below 140 mg/dL, two hours after the meals. Though the maximum limit in both the cases is defined, the permissible levels may vary among individuals. The range of the sugar level varies with people. Different people have different sugar level such as some people may have normal fasting sugar level of 60 mg/dL while some may have a normal value of 90 mg/dL [9].

Still, you should get tested, if you have symptoms or threat factors for diabetes. The before diabetes is set up, the before operation can begin and complications can be lessened or prevented. However, you and your healthcare professional can work together to make life changes (e, If a blood test determines you have prediabetes. such us weight loss, exercise, healthy diet) to help or delay developing Type 2 diabetes [10].

### Discussion

The underpinning cause of diabetes varies by type. However, no matter what type of diabetes you have, it can lead to redundant sugar in your blood. Too much sugar in your blood can lead to serious health problems. Chronic diabetes conditions include Type 1 diabetes and Type 2 diabetes. Potentially reversible diabetes conditions include prediabetes and gravid diabetes [11]. Prediabetes occurs when your blood sugar situations are advanced than normal, but not high enough to be classified as diabetes. And prediabetes is frequently the precursor of diabetes unless applicable measures are taken to help progression. Gravid diabetes occurs during gestation but may resolve after the baby is delivered [12].

Fresh specific testing advice grounded on threat factors

- Testing for Type 1 diabetes Test in children and youthful grown-ups who have a family history of diabetes. Lower generally, aged grown-ups may also develop Type 1 diabetes. thus, testing in grown-ups who come to the sanitarium and are set up to be in diabetes- related

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ketoacidosis is important. Ketoacidosis is a dangerous complication that can occur in people with Type 1 diabetes [13].

- Testing for Type 2 diabetes Test grown-ups age 45 or aged, those between 19 and 44 who are fat and have one or further threat factors, women who have had gravid diabetes, children between 10 and 18 who are fat and have at least two threat factors for Type 2 diabetes [14].

- Gravid diabetes Test all pregnant women who have had a opinion of diabetes. Test all pregnant women between weeks 24 and 28 of their pregnancy. However, your obstetrician may test you before, if you have other threat factors for gravid diabetes [15].

How is diabetes managed?

Diabetes affects your whole body. To stylish manage diabetes, you'll need to take way to keep your threat factors under control and within the normal range, including

- Keep your blood glucose situations as near to normal as possible by following a diet plan, taking prescribed drug and adding your exertion position [16].

- Maintain your blood cholesterol( HDL and LDL situations) and triglyceride situations as near the normal ranges as possible.

- Control your blood pressure. Your blood pressure should not be over 140/90 mmHg.

You hold the keys to managing your diabetes by

- Planning what you eat and following a healthy mess plan. Follow a Mediterranean diet( vegetables, whole grains, sap, fruits, healthy fats, low sugar) or gusto diet. These diets are high in nutrition and fiber and low in fats and calories. See a registered dietitian for help understanding nutrition and mess planning [17].

- Exercising regularly. Try to exercise at least 30 twinkles most days of the week. Walk, swim or find some exertion you enjoy.

- Losing weight if you're fat. Work with your healthcare platoon to develop a weight- loss plan.

- Taking drug and insulin, if specified, and nearly ensuing recommendations on how and when to take it.

- Monitoring your blood glucose and blood pressure situations at home [18].

- Keeping your movables with your healthcare providers and having laboratory tests completed as ordered by your croaker.

- Quitting smoking( if you bomb).

## Conclusion

In effect, a well-planned and-regular exercise regimen can be very beneficial if made a part and parcel of everyday life, more so if one has diabetes. Exercise has the advantages of controlling the blood sugar levels without taking additional medications. Overall regular exercise cannot only help in better control of blood sugar but also helps with control of weight and blood pressure as it lowers the bad cholesterol and raises the level of good cholesterol in the blood. Exercise can reduces the risk of heart disease and nerve damage, the risks of which are higher with diabetes. Diabetes is a serious life-threatening disease and must be constantly monitored and effectively subdued with proper medication and by adapting to a healthy lifestyle [19]. By following a healthy lifestyle, regular checkups, and proper medication we can observe a healthy and long life. Diabetes mellitus has a multifactorial etiology, requiring practitioners to consider and assess the possible roles of the

patient's body condition score, diet, concurrent diseases, medications, neutering status, and genetic predisposition. When the relevant DM-causative factors have been identified, a well-defined, case-specific treatment plan can be developed with a reasonable expectation for control, and in the case of cats, a chance for remission [20].

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## Conflict of Interest

None

## References

1. Krishnasamy S, Abell TL (2018) Diabetic Gastroparesis: Principles and Current Trends in Management. *Diabetes Therapy* 9(1): 1-42.
2. Saedi E, Gheini MR, Faiz F, Arami MA (2016) Diabetes mellitus and cognitive impairments. *World Journal of Diabetes* 7(17): 412-422.
3. Chiang JL, Kirkman MS, Laffel LM, Peters AL (2014) Type 1 diabetes through the life span: a position statement of the American Diabetes Association. *Diabetes Care* 37(7): 2034-2054.
4. Ripsin CM, Kang H, Urban RJ (2009) Management of blood glucose in type 2 diabetes mellitus. *American Family Physician* 79(1): 29-36.
5. Cooke DW, Plotnick L (2008) Type 1 diabetes mellitus in pediatrics. *Pediatrics in Review* 29(11): 374-384.
6. Sattar N, Preiss D, Murray HM, Welsh P, Buckley BM, et al. (2010) Statins and risk of incident diabetes: a collaborative meta-analysis of randomised statin trials. *Lancet* 375(9716): 735-742.
7. Cleland SJ, Fisher BM, Colhoun HM, Sattar N, Petrie JR, et al. (2013) Insulin resistance in type 1 diabetes: what is 'double diabetes' and what are the risks? *National Library of Medicine* 56(7): 1462-1470.
8. Stewart WF, Ricci JA, Chee E, Hirsch AG, Brandenburg NA, et al. (2007) Lost productive time and costs due to diabetes and diabetic neuropathic pain in the US workforce. *J Occup Environ* 49(6): 672-679.
9. Thanabalasingham G, Owen KR (2011) Diagnosis and management of maturity onset diabetes of the young (MODY). *BMJ* 343: d6044.
10. Tarvonen M, Hovi P, Sainio S, Vuorela P, Andersson S, et al. (2021) Intrapartal cardiocographic patterns and hypoxia-related perinatal outcomes in pregnancies complicated by gestational diabetes mellitus. *Acta Diabetol* 58(11): 1563-1573.
11. Soldavini J (2019) Krause's Food & The Nutrition Care Process. *J Nutr Educ Behav* 51(10): 1225.
12. Zhang Y, Liu Y, Su Y, You Y, Ma Y, et al. (2017) The metabolic side effects of 12 antipsychotic drugs used for the treatment of schizophrenia on glucose: a network meta-analysis. *BMC Psychiatry* 17(1): 373.
13. Laios K, Karamanou M, Saridaki Z, Androutsos G (2012) Aretaeus of Cappadocia and the first description of diabetes. *Hormones* 11(1): 109-113.
14. Meisinger C, Thorand B, Schneider A, Stieber J, Döring A, et al. (2002) Sex differences in risk factors for incident type 2 diabetes mellitus: the MONICA Augsburg cohort study. *Arch Intern Med* 162(1): 82-89.
15. Gale EA, Gillespie KM (2001) Diabetes and gender. *Diabetologia* 44(1): 3-15.
16. Malik VS, Popkin BM, Bray GA, Després JP, Hu FB, et al. (2010) Sugar-sweetened beverages, obesity, type 2 diabetes mellitus, and cardiovascular disease risk. *Circulation* 121(11): 1356-1364.
17. Risérus U, Willett WC, Hu FB (2009) Dietary fats and prevention of type 2 diabetes. *Prog Lipid Res* 48(1): 44-51.
18. Laugesen E, Ostergaard JA, Leslie RD (2015) Latent autoimmune diabetes of the adult: current knowledge and uncertainty. *Diabet Med* 32(7): 843-852.
19. Visser J, Rozing J, Sapone A, Lammers K, Fasano A, et al. (2009) Tight junctions, intestinal permeability, and autoimmunity: celiac disease and type 1 diabetes paradigms. *Ann N Y Acad Sci* 1165(1): 195-205.
20. Butalia S, Kaplan GG, Khokhar B, Rabi DM (2016) Environmental Risk Factors and Type 1 Diabetes: Past, Present, and Future. *Can J Diabetes* 40(6): 586-593.