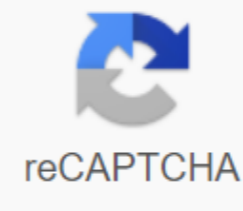




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Diabetes mellitus type 1 pdf

Medical review Drugs.com. Last updated on January 27, 2020. What is type 1 diabetes? Type 1 diabetes is a disease in which the body does not make enough insulin to control blood sugar levels. Type 1 diabetes was previously called insulin-dependent diabetes or diabetes among minors. During digestion, food is broken down into basic components. Carbohydrates are broken down into simple sugars, primarily glucose. Glucose is a critical source of energy for the body's cells. To power the cell, glucose must leave the bloodstream and get inside the cells. Insulin traveling in the blood signals to cells that they are taking glucose. Insulin is a hormone produced by the pancreas. When blood glucose levels rise, as after eating, the pancreas usually produces more insulin. Type 1 diabetes occurs when some or all of the cells that produce insulin in the pancreas break down. This leaves the patient with little or no insulin. Without insulin, sugar accumulates in the blood, not into the cells. As a result, the body cannot use this glucose to generate energy. In addition, high levels of glucose, which remain in the blood, cause excessive urination and dehydration, as well as damage to the body's tissues. Type 1 diabetes is an autoimmune disease. This means that it starts when the body's immune system attacks cells in the body. In type 1 diabetes, the immune system destroys the insulin-producing cells (beta cells) of the pancreas. Why the immune system attacks beta cells remains a mystery. Some people are genetically predisposed to this disease. This does not mean that they will necessarily get the disease. It just means they're more likely to do it. Something in the environment, such as a specific viral infection or something about diet, can cause this autoimmune disease in people with a genetic predisposition. Type 1 diabetes is not caused by the amount of sugar in a person's diet before the disease develops. Type 1 diabetes is a chronic disease. The diagnosis is most often diagnosed between the ages of 10 and 16. Type 1 diabetes affects both men and women equally. Symptoms Of Initial Symptoms Usually Come Suddenly and Strongly. Generally, the most noticeable symptoms are excessive urination and extreme thirst. This is because an increase in blood glucose causes the kidneys to create more urine than usual. The loss of more fluid in the urine makes the person dehydrated. And dehydration leads to a great thirst. Children can start peeing bed again. Weight loss, without losing appetite, is also common. Weight loss is partly due to dehydration. Water has weight. Imagine holding a gallon of water jug: it weighs about eight pounds. People with a new, uncontrollable Type 1 can lose a gallon of water from dehydration. Other common symptoms are weakness, fatigue, confusion, nausea and These symptoms can be caused by both dehydration and a condition called ketoacidosis. Ketoacidosis occurs because cells cannot use the glucose they need for energy. So the cells have to use something else. In response to low insulin levels, the liver produces an alternative fuel called ketones. Ketones are a kind of acid. When they sing in the blood, it's called ketoacidosis. Ketoacidosis can cause heart problems and affect the nervous system. Within hours, it can put a person at risk of coma or death. Chronic symptoms Even after it is diagnosed and treatment has begun, type 1 diabetes can affect all body systems. It is less likely to damage the body, and cause symptoms if blood sugar levels are well controlled by treatment. Serious and potentially life-threatening complications that can occur in type 1 diabetes include: eye damage (retinopathy) - Tiny retinal blood vessels (back of the eye, part that senses light) are damaged by high blood sugar. Vascular damage can stop blood flow to part of the retina, or cause bleeding in the retina. Both events damage the retina's ability to feel light. Diabetes can also lead to the spread of new blood vessels that do not effectively feed blood to the retina, but which leak and bleed. Once early, retinopathy can be stopped by tight blood sugar control and laser therapy. If blood sugar levels remain high, retinopathy eventually causes blindness. Nerve Damage (neuropathy) - High blood sugar can damage nerves, leading to pain or numbness of the affected part of the body. Nerve damage in the legs, legs and arms (peripheral neuropathy) is the most common phenomenon. Nerves that control body functions, such as digestion and urination, can also be damaged. Foot problems - Ulcers and blisters usually occur on the feet of people with diabetes. If peripheral neuropathy causes numbness, pain cannot be seen. If he doesn't notice, he may get infected more easily. Blood circulation can be poor, leading to slow healing. Left untreated, simple pain can lead to gangrene. Amputation may be necessary. Kidney Disease (Nephropathy) - High blood sugar can damage the kidneys. If blood sugar levels remain high, it can lead to kidney failure. Heart and artery disease - People with type 1 diabetes are more likely to have heart disease, strokes and problems associated with poor circulation. Hypoglycemia - Low blood sugar (hypoglycemia) may be the result of treatment to lower blood sugar, or insulin injections or tablets (see section below). Hypoglycemia can occur if too much sugar reduction medicine is taken or meals are skipped. Symptoms include: Weakness Of Dizziness Trembling Sudden Sweating Headache Confusion Or Hypernight Hypoglycemia Can Lead to Coma If Not Fixed, Eat or Drink Glucagon is a substance that makes the liver release glucose into the bloodstream. Injection of glucagon can also correct hypoglycemia. The diagnosis of type 1 diabetes is diagnosed with a combination of symptoms, human age and blood tests. Blood tests include tests for sugar and other substances. Fasting plasma glucose test (FPG). Blood is taken in the morning after fasting at night. Typically, blood sugar levels remain between 70 and 100 milligrams per deciliter (mg/dL). Diabetes is diagnosed if the blood sugar level of fasting is 126 mg/dL or higher. Oral glucose tolerance test (OGTT). Blood sugar is measured two hours after consuming 75 grams of glucose. Diabetes is diagnosed if the 2-hour blood sugar level is 200 mg/dL or higher. Accidental blood glucose test. Blood sugar levels of 200 mg/dL or more at any time of the day combined with the symptoms of diabetes are enough to make a diagnosis. Hemoglobin A1C (glycoemoglobin). This test measures the average glucose level during the previous two to three months. Diabetes is diagnosed if the level of hemoglobin A1C is 6.5% or higher. The expected duration of type 1 diabetes is currently a lifelong disease. People with type 1 diabetes need regular check-ups. They need to carefully monitor their blood sugar every day. They should receive insulin treatment throughout their lives. A small number of people may be an exception to this rule. Some people with diabetes end up requiring a kidney transplant. A pancreas transplant, or insulin-producing cell from the pancreas (called islets), is sometimes performed at the same time. Since a new pancreas can make insulin, it can cure diabetes. In unusual cases where someone's type 1 diabetes is very difficult to control with available treatments, a pancreas transplant or islet can be performed even when a kidney transplant is not necessary. However, this approach is still experimental and is generally not recommended. Scientists recently reported exciting but still experimental new ways of encouraging the pancreas to start producing their own insulin-producing beta cells again. Prevention There is no proven way to prevent type 1 diabetes. Vitamin D deficiency, which is very common, can increase the risk of diabetes. However, fixing the deficiency has not yet been shown to prevent diabetes. Similarly, avoiding cow's milk in infancy may have prevented type 1 diabetes in genetically susceptible infants. But there is no definite evidence that this prevents the disease. Treatment of type 1 diabetes requires daily insulin injections. Injectable insulin insulin, which is not produced by the body. Most people with type 1 diabetes need two to four injections a day. People with type 1 diabetes should properly regulate both their dietary intake and their insulin doses. Insulin, a person takes too much insulin relative to their dietary intake, or if they forget to eat, they may develop dangerous hypoglycemia. If they take too little insulin, or eat too much, they may develop ketoacidosis. In order to properly regulate insulin intake, people with type 1 diabetes need to control their blood sugar several times a day. They do this by checking the blood sample. They should prick the finger and place a small drop of blood on the test strip. The test strip is inserted into a device called a glucose monitor. Accurate reading of blood sugar is returned within seconds. New glucose monitors are test strips that take blood directly from the spot that has been pricked. This process requires less blood. Other monitors allow you to take blood from the forearm, hip or fleshy part of the arm. It can be less painful. Some people use a syringe for injection. Other patients use semi-automatic injector pens that help measure the exact amount of insulin. An increasing number of patients are using insulin pumps. Insulin pumps deliver an adjustable dose of insulin through a needle implanted under the skin. Insulin pump is carried in the package on the body. Some pumps include a sensor that constantly measures blood sugar levels, and regulates the dose of insulin accordingly. It is not yet known whether the devices with such sensors will improve health. Fast-acting insulin can be taken as needed, depending on the amount of carbohydrates ingested. Your doctor or nutritionist will help you determine the best insulin schedule and diet for you or your child. Healthy eating and regular exercise are important for everyone, but especially for people with diabetes. A healthy diet for people with type 1 diabetes not only keeps the amount of glucose in the blood relatively constant. It also includes eating good carbs instead of bad carbs, good fats instead of bad fats. In order to keep blood sugar levels at a normal and relatively constant level, a person with type 1 diabetes is generally advised to eat, exercise and take insulin at about the same time each day. Regular habits help to keep glucose levels within normal range. People with type 1 diabetes should exercise regularly. Exercise protects the health of the heart and blood vessels in people with diabetes, as well as in all. In addition, regular exercise helps control blood sugar levels, forcing muscles to use glucose and keeping body weight down. Ask your doctor how much and when to exercise to best control your diabetes. When to call your medical professional if you experience a sudden increase in thirst Urination. Unexplained weight loss should always be reported to the doctor. If you or your child has type 1 diabetes, regularly see your doctor to make sure you keep good good blood sugar. You should also be checked regularly for early signs of complications such as heart disease, eye problems and skin infections. Your doctor is likely to ask you to visit other specialists regularly as well. They may include an orthopedist to check your feet and an ophthalmologist to check your eyes for signs of diabetes complications. Prognosis People with type 1 diabetes tend to adapt quickly to the time and attention that is needed to monitor blood sugar levels, treat the disease and maintain a normal lifestyle. Over time, the risk of complications is significant. But this can be significantly reduced if you strictly monitor and control your blood glucose levels. Learn more about Type 1 Diabetes Mellitus Associate DrugsMayo Clinic Reference of the American Diabetes Association American Dietetic Association National Diabetes Information Coordination Center The National Institute of Diabetes and Digestive and Kidney Disorders Weight Control Information Network Additional informationAll consult your health care provider to provide information on this page. 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