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DIAGNOSIS AND PREVENTION OF DIABETES

TYPE I & TYPE II DIABETES

Subject – Biochemistry

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INTRODUCTION

- Diabetes is a chronic condition that impairs the body's ability to process blood glucose, or blood sugar. There are several types, including type 1, type 2, and gestational diabetes, which have various treatments.
- Different kinds of diabetes can occur. How people manage the condition depends on the type. Not all forms of diabetes stem from diet or inactivity. Some are present from childhood.
- The most common types of diabetes include type 1, type 2, and gestational diabetes, which we cover in more detail below.





TYPE I DIABETES

- Also known as juvenile diabetes, <u>type 1 diabetes</u> occurs when the body does not produce <u>insulin</u>.
- Insulin is a hormone responsible for breaking down the sugar in the blood for use throughout the body. A person living with type 1 diabetes <u>may receive Trusted Source</u> a diagnosis during <u>childhood</u>.
- People living with type 1 diabetes need to <u>regularly Trusted Source</u> administer insulin. Individuals may do this with <u>injections</u> or an <u>insulin pump</u>.
- There is no cure for type 1 diabetes. Once a person receives their diagnosis, they need to regularly monitor their blood sugar levels, administer insulin, and follow some lifestyle strategies to help manage the condition.
- Successfully managing blood sugar levels can help people living with type 1 diabetes avoid serious complications.





TYPE II DIABETES

- With type 2 diabetes, the body does not make or use insulin effectively.
- According to the <u>National Institute of Diabetes and Digestive and Kidney Diseases</u> (<u>NIDDK)Trusted Source</u>, type 2 diabetes is the most common type. It has a strong link with obesity.
- A person living with type 2 diabetes may or may not need insulin. In many cases, medication, along with <u>exercise</u> and diet strategies, can help manage the condition.
- Anyone, including children and adults, can develop type 2 diabetes.





GESTATIONAL DIABETES

- <u>Gestational diabetes</u> occurs during pregnancy when a person becomes less sensitive to insulin.
- According to the <u>Centers for Disease Control and Prevention (CDC)Trusted Source</u>, 2–10% of pregnancies each year result in gestational diabetes. Individuals with overweight or obesity going into pregnancy have an elevated risk of developing the condition.
- The CDC adds that around 50% of people with gestational diabetes will later develop type 2 diabetes.
- During pregnancy, people can take steps to manage gestational diabetes. These include:
- staying active
- monitoring the growth and development of the fetus
- adjusting their diet
- monitoring blood sugar levels
- Gestational diabetes can increase a person's risk of developing <u>high blood pressure during pregnancy</u>. It can also cause:
- premature birth
- increased birth weight
- blood sugar issues with the newborn, which typically clear up within a few days
- increased risk of the baby developing type 2 diabetes later in life





OTHER TYPES OF DIABETES

- In addition to type 1, type 2, and gestational diabetes, there are less common forms of the condition. Some examples <u>includeTrusted Source</u>:
- Monogenic diabetes: In this form, a single gene change causes the condition to develop. There are two main types of monogenic diabetes: neonatal diabetes mellitus and maturity onset diabetes of the young.
- Type 3c diabetes: This type of diabetes, which people may also call pancreatogenic diabetes, <u>can result from Trusted Source Trusted Source</u>
- PubMed Central
- Highly respected database from the National Institutes of Health
- Go to source
- damage to the <u>pancreas</u> following surgery to remove the organ, injury, or illnesses, like <u>pancreatitis</u>.
- Cystic fibrosis-related diabetes: People living with cystic fibrosis may develop this type of diabetes as a complication of the condition.





PREDIABETES

<u>ediabetes</u>, or borderline diabetes, occurs when a person's blood sugar levels are elevated but not enough for a diagnosis of diabetes.

- For a doctor to diagnose prediabetes, an individual must meet the <u>following criteria Trusted Source</u>:
- glucose tolerance levels of 140–199 milligrams per deciliter (mg/dL)
- an A1C test result of 5.7–6.4%
- <u>fasting blood sugar</u> levels of 100–125 mg/dL
- People living with prediabetes have a higher risk of developing type 2 diabetes, but they do not usually experience the symptoms of full diabetes.
- The risk factors for prediabetes and type 2 diabetes are similar. They include:
- obesity or overweight
- a family history of diabetes
- HDL <u>cholesterol</u> lower than 40–50 mg/dL
- a history of <u>high blood pressure</u>
- gestational diabetes or giving birth to a child with a birth weight of more than 9 pounds
- a history of polycystic ovary syndrome (PCOS)
- being African American, Native American, Latin American, or Asian Pacific Islander
- being older than age 45 years





PREVENTION

- A person cannot prevent type 1 diabetes.
- However, people can take some steps to help prevent type 2 diabetes. Some ways to help prevent type 2 diabetes <u>includeTrusted Source</u>:
- maintaining a moderate weight
- eating a balanced diet that limits added sugars, saturated fats, and processed foods
- getting regular physical activity
- To reduce the risk of developing gestational diabetes, a person can maintain a moderate weight before becoming pregnant.
- While these steps can help, it is important to note that people may still develop either type 2 or gestational diabetes.





HOW INSULIN PROBLEMS DEVELOP

- Doctors do not know the exact causes of type 1 diabetes. However, insulin resistance, which can lead to type 2 diabetes, has clearer causes.
- Insulin allows the glucose from food to access the cells in the body to supply energy. Insulin resistance is usually a result of the <u>following Trusted Source</u> cycle:
- A person has genes or an environment that make it more likely for their body to be unable to produce enough insulin to cover how much glucose, or sugar, they eat.
- The body tries to make extra insulin to process the excess blood sugar.
- The pancreas cannot keep up with the increased demands, and the excess blood sugar starts to circulate in the blood, causing damage.
- Over time, insulin becomes less effective at introducing glucose to cells, and blood sugar levels continue to rise.







