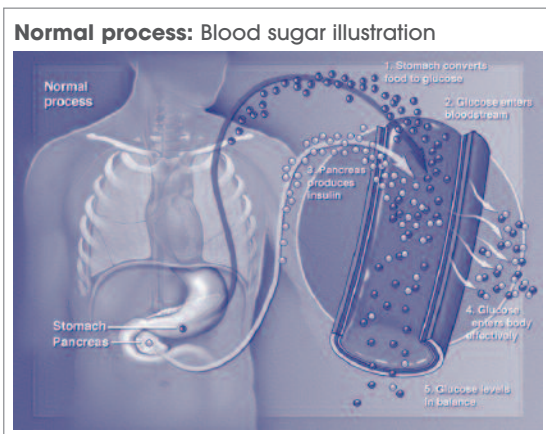


Diabetes

Let's look at what happens when we eat. All of the food we take in turns, in some portion, to glucose (sugar). This glucose enters the bloodstream and travels to the cells. Each cell has doors or receptors through which the glucose can enter, but it can't do it alone. An organ called the pancreas plays a very important role. The pancreas senses when the blood glucose goes up after the meal and sends out a substance called insulin. The insulin travels to the cells where it helps the glucose enter through the doors or receptors. The glucose hitchhikes a ride, so to speak. Once the glucose has entered the cells it is used to produce energy. If the glucose can't enter the cells, it stays in the blood causing high blood glucose (sugar) to occur.



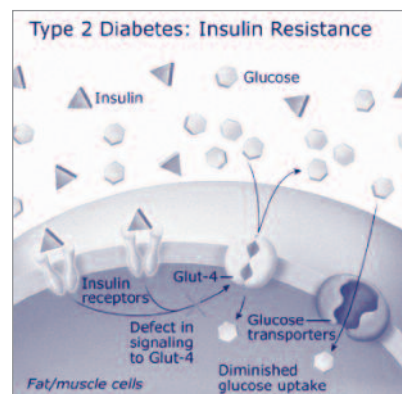
In those with type 1 diabetes, the pancreas no longer makes insulin, the substance that helps move blood glucose from the blood into the cells.

Although the exact cause of this is unknown, it is believed that a virus, infection or genetic factor may cause the body to attack the cells in the pancreas that produce insulin. This is called an autoimmune response. Without insulin to help move the glucose into the cells, it builds up in the blood and causes high blood glucose levels.

Type 2 Diabetes

This type of diabetes is the most common and affects about 90% of the population with diabetes.

It used to be known as adult-onset or noninsulin-dependent diabetes. With type 2 diabetes, a combination of things may happen which cause blood glucose levels to be high.

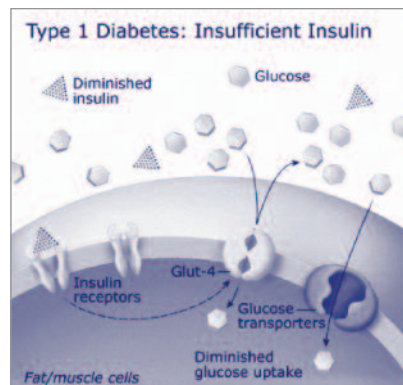


- The glucose may not be able to enter the cells even though there is enough insulin produced. This is called **insulin resistance**.
- The pancreas does not make enough insulin to overcome the resistance. This is called **insulin deficiency**.

Type 1 Diabetes

This type of diabetes accounts for about one out of every ten people with diabetes.

You may recognize it by its former name, juvenile or insulin dependent diabetes. Although seen more commonly in younger people, type 1 diabetes can happen at any age.

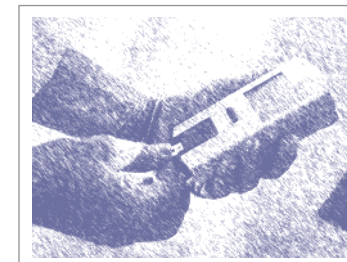


Type 1	Type 2
<ul style="list-style-type: none"> • usually a sudden onset • unexplained rapid weight loss • increase in thirst and urination • increase in appetite • very tired or fatigued • nausea or vomiting • must take insulin injections or use an insulin pump 	<ul style="list-style-type: none"> • may have no symptoms at all • gradual onset • increase in thirst and urination • increased appetite • fatigue • slow healing cuts • frequent infections • blurred vision • may be treated with meal planning, increase in activity level and medication or a combination of these

Diagnosis

According to the American Diabetes Association, diabetes may be diagnosed in the following ways:

- A blood glucose level of 200mg/dl or above at any time of the day without regard to the time of the last meal
- A fasting blood glucose of 126mg/dl or above. Fasting means no food or drink (except water) for 8 hours prior to the test.



The test should be checked twice to confirm the diagnosis.

TIPS Talk to your healthcare provider about ways to learn more about diabetes. Working with a dietitian and a diabetes nurse educator are steps you can take in learning the skills that will help you care for your diabetes on a day-to-day basis. Caring for diabetes takes a team effort and you are the most important part of the team.