

what is diabetes?

Diabetes is the name given to a group of different conditions in which there is too much glucose in the blood. The pancreas either cannot make insulin or the insulin it does make is not enough and cannot work properly. Without insulin doing its job, glucose builds up in the blood leading to high blood glucose levels which cause the health problems linked to diabetes.

What actually goes wrong?

- The body needs a special sugar called glucose as its main source of fuel or energy. The body makes glucose from foods containing carbohydrate such as vegetables containing carbohydrate (like potatoes or corn) and cereal foods (like bread, pasta and rice) as well as fruit and milk.
- The glucose is carried around the body in the blood and the glucose level is called glycaemia (glyc = glucose; aemia = in the blood). The glucose level must be neither too high nor too low, but just right.
- The glucose running around in the blood stream now has to get out of the blood and into the body tissues. It is the cells in the body tissues that actually do the work – brain cells so you can think, heart cells so you can pump blood and muscle cells so you can walk. Glucose is also stored in the liver, like you would store food items in the kitchen pantry.
- This is where insulin enters the story. Insulin is a hormone made by the pancreas, a gland sitting just below the stomach. Insulin opens the doors (the glucose channels) that let glucose go from the blood to the body cells where energy is made. This process is called glucose metabolism.
- In diabetes, the pancreas either cannot make insulin or the insulin it does make is not enough and cannot work properly.
- Without insulin doing its job, the glucose channels are shut. Glucose builds up in the blood leading to high blood glucose levels which cause the health problems linked to diabetes.

There are two main types of diabetes. Type 1 is the least common form, usually affecting children and young adults but can occur at any age. Type 2 is a lifestyle disease affecting 85–90% of all cases. While adults are usually affected, younger people even children are now getting this lifestyle disease.



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Are there different types of diabetes?

There are two main types of diabetes – type 1 and type 2.

Type 1

This used to be called insulin dependent diabetes or juvenile diabetes. However this was confusing as many mature people with type 2 diabetes need insulin to manage their diabetes.

While type 1 diabetes can and does occur at any age, it usually affects children and young adults. Type 1 diabetes is the less common form of diabetes, with just 10–15% of all people with diabetes having type 1 diabetes.

In type 1 diabetes, the pancreas cannot produce enough insulin because the cells that actually make the insulin have been destroyed by the body's own immune system. This insulin must be replaced. Therefore people with type 1 diabetes must have insulin every day to live. While insulin can only be injected at this time, other ways of getting it may be possible in the future.

Who is most likely to get type 1 diabetes?

We don't yet know the exact cause of type 1 diabetes but we do know it has a strong family link. However it can only occur when something such as a viral infection triggers the immune system to destroy the insulin-making cells in the pancreas. This is called an autoimmune reaction.

While the cause of type 1 diabetes has nothing to do with lifestyle, a healthy lifestyle is very important in helping to manage the condition.

Can type 1 diabetes be prevented or cured?

While a great deal of research is being done, at this stage nothing can be done to prevent or cure type 1 diabetes.

Type 2

This used to be called non-insulin dependent diabetes or mature-age onset diabetes. It is by far the most common form, affecting 85-90% of all people with diabetes.

While adults are usually affected, more and more younger people, even children, are now getting type 2 diabetes.

Type 2 diabetes is a lifestyle disease and is strongly associated with high blood pressure, abnormal blood fats and the classic 'apple shape' body where there is extra weight around the waist.

People with type 2 diabetes are usually insulin resistant. This means that their pancreas is making insulin but the insulin is not working as well as it should, so it must make more. Eventually it can't make enough to keep the glucose balance right.

Adopting a healthy lifestyle may delay the need for tablets and/or insulin. However it is important to know that when you do need tablets and/or insulin, this is just the natural progression of the disease. By taking tablets and/or insulin as soon as they are needed, complications caused by diabetes can be reduced.

Who is most likely to get type 2 diabetes?

While there is no single cause for developing type 2 diabetes, there are well known risk factors. Some of these can be changed and some cannot.

RISK FACTORS WHICH CANNOT BE CHANGED

People who are most likely to get type 2 diabetes often have these risk factors:

- A family history of diabetes.
- Age – the risk increases as we get older.
- Are Aborigines or Torres Strait Islanders.
- Are from ethnic backgrounds more likely to have type 2 diabetes such as Melanesian, Polynesian, Chinese or people from the Indian sub-continent.
- Women who have:
 - > given birth to a child over 4.5kgs (9lbs) or had gestational diabetes when pregnant.
 - > a condition known as Polycystic Ovarian Syndrome.

RISK FACTORS WHICH CAN BE CHANGED

- Lifestyle
 - > level of physical activity
 - > the type of food we eat
- Weight
- Blood pressure
- Cholesterol
- Smoking

Can type 2 diabetes be prevented?

People at risk of type 2 diabetes can delay and even prevent getting it by following a healthy lifestyle. This includes regular physical activity, making healthy food choices and not putting on a lot of weight, especially if they have been told that they have a pre-diabetic condition.

What is pre-diabetes?

There are three common conditions linked to an increased risk of type 2 diabetes – Impaired Fasting Glucose (IFG) and Impaired Glucose Tolerance (IGT). Gestational diabetes is also associated.

1. Impaired Fasting Glucose (IFG)

This condition is diagnosed when the fasting* blood glucose level (usually blood is taken from the arm) is higher than normal but after a sweet drink (Oral Glucose Tolerance Test) the level is not high enough to be called Impaired Glucose Tolerance or diabetes.

2. Impaired Glucose Tolerance (IGT)

This condition is diagnosed when the results of an Oral Glucose Tolerance Test show a blood glucose level more than 7.8mmol/L but less than 11mmol/L.

Who is most likely to get IFG or IGT?

These two conditions are most common in people who have a family history of type 2 diabetes, are inactive and overweight. People who carry excess weight around the waistline are at the greatest risk.

3. Gestational diabetes

Gestational diabetes occurs during pregnancy and usually goes away after the baby is born. In pregnancy, the placenta makes hormones that help the baby to grow and develop. Gestational diabetes occurs because these hormones also block the action of the mother's insulin. This is called insulin resistance.

The pregnant woman needs extra insulin so the glucose can get from the blood into the cells where it is used for energy. When a woman is pregnant, she needs 2 or 3 times more insulin than normal. If the body is unable to produce this much insulin, diabetes develops. When the pregnancy is over and the woman's insulin needs return to normal, the diabetes usually goes away.

Who is most likely to get gestational diabetes?

From 3 to 8 % of all pregnant women will develop gestational diabetes around her 24th to 28th week of pregnancy. Those most at risk include women over 30, who have a family history of type 2 diabetes and are overweight. Aborigines and Torres Strait Islanders are at increased risk as are certain ethnic groups including Indian, Vietnamese, Chinese, Middle Eastern and Polynesian/Melanesian.

Refer to the *Gestational Diabetes* information sheet.

* *Fasting* means having nothing to eat or drink for eight hours before the test is done. Refer to the *Pre-diabetes* information sheet.

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What are the main symptoms of diabetes?

In type 1 diabetes, symptoms are often sudden and can be life-threatening, therefore it is usually diagnosed quite quickly. In type 2 diabetes, many people have no symptoms at all, while other signs can go unnoticed being seen as part of 'getting older'. Therefore, by the time symptoms are noticed, complications of diabetes may already be present.

Common symptoms include:

- Being more thirsty than usual
- Feeling tired and lethargic
- Having cuts that heal slowly
- Blurred vision
- Gradually putting on weight (type 2)
- Headaches
- Leg cramps
- Passing more urine
- Always feeling hungry
- Itching, skin infections
- Unexplained weight loss (type 1)
- Mood swings
- Feeling dizzy

How is diabetes managed?

Whether it is type 1 or type 2 diabetes, the aim of any diabetes treatment is to get your blood glucose levels as close to the non-diabetic range as often as possible.

For people with type 1 diabetes: insulin injections every day plus leading a healthy lifestyle.

For people with type 2 diabetes: healthy eating and regular physical activity may be all that is required at first, sometimes tablets and/or insulin later on.

What do I aim for and why?

Ideally blood glucose levels are kept as close to the non-diabetic range as possible (between 4 and 8 mmol/L). This will help prevent the short-term effects of very low or very high blood glucose levels as well as the possible long-term problems which can affect the eyes, kidneys and nerves. Refer to the *Blood Glucose Monitoring* information sheet.

Keeping your blood pressure and cholesterol within recommended ranges also helps to prevent problems like heart attack and stroke.

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Who will help me?

A lifelong condition like diabetes is best managed with the support of a diabetes team, of which you are the most important member. Others are your doctor, diabetes educator, dietitian and podiatrist. Depending on your needs, the team may also include medical specialists, exercise physiologists and counsellors.

Your team will help you to learn all you need to know about your diabetes.

They will be there to support you and with their guidance you will soon become confident about making day to day decisions for a fit and healthy life.

Basic guidelines for looking after your diabetes

There are many steps you can take to care for your diabetes. Here are some tips:

- Link up with the diabetes team in your area. In some cases, your doctor may need to refer you.
- Test your blood glucose levels regularly.
- Always take your insulin (for those who require it).
- If your doctor gives you tablets to help manage your diabetes, blood pressure and/or cholesterol, be sure to take them.
- Be as active as you can as often as you can.
- Follow a healthy eating plan.
- Keep a positive mental attitude.
- Don't be afraid to ask for help as soon as you feel you need it.

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- > Diabetes Australia – NSW
- > Diabetes Australia – Queensland
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- > Diabetes SA
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