

Factors Involved in the Management of Diabetes

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DESCRIPTION

Diabetes management focuses on maintaining blood sugar levels as close to normal as possible without depressing them. Typically, dietary adjustments can do this. Exercise, shedding pounds, and taking the right drugs (insulin, oral medications).

It is crucial to educate oneself on the condition and actively participate in therapy because complications are significantly less frequent and less severe in people with well controlled blood sugar levels. The American College of Physicians states that HbA level of 7-8% is the target for treatment. Other health issues that could hasten the detrimental effects of diabetes are also given consideration [1-4]. Smoking, high blood pressure, metabolic syndrome, obesity, and irregular exercise are some of them. In at-risk diabetics, specialized footwear is frequently used to lower the incidence of ulcers. Diabetes management focuses on maintaining blood sugar levels as close to normal as possible without depressing them. Typically, dietary adjustments can do this. Exercise, shedding pounds, and taking the right drugs (insulin, oral medications).

The general population with diabetes may manage their diabetes using comparable principles, however when personalising interventions, especially for particular populations, there may be some factors to take into account.

The effectiveness of type 2 diabetes self-management therapies for people with severe mental illness is still understudied, and there isn't enough data to say whether these programmes provide outcomes that are comparable to those seen in the general population [5,6].

Glucose control: The majority of diabetes treatments work by reducing blood sugar levels in various ways. There is widespread agreement that complications like kidney or eye issues are reduced when persons with diabetes maintain strict glucose control, keeping the glucose levels in their blood within normal ranges. However, it is debatable whether this is suitable and cost-effective for persons who are older and may have a higher risk of hypoglycemia. There are numerous distinct classes of anti-diabetic drugs. Metformin is typically advised as a first-line

treatment for type 2 diabetes since there is strong evidence that it lowers mortality, but type 1 diabetes requires treatment with insulin.

Blood pressure lowering : Since cardiovascular disease is a significant complication of diabetes, several international standards suggest treating blood pressure targets for diabetics that are lower than 140/90 mmHg.

Aspirin: it is debatable if aspirin can prevent cardiovascular disease in people with diabetes. some patients who are at high risk for cardiovascular disease are advised to take aspirin, however regular aspirin use has not been demonstrated to enhance outcomes in persons with simple diabetes. In persons with diabetes who are at intermediate risk of cardiovascular disease (10-year cardiovascular disease risk, 5-10%), low-dose aspirin administration is appropriate.

Surgery: people with type 1 diabetes who have significant complications from their disease, such as end-stage kidney failure necessitating a kidney transplant, may occasionally be considered for a pancreas transplant [7].

CONCLUSION

Treatment may be provided primarily outside of hospitals in nations with a general practitioner system, countries, with hospital-based specialist care only being utilised in the event of problems, challenging blood sugar control, or research studies. In other cases, general practitioners and specialists collaborate to provide care. Support for telehealth at home may be a useful management strategy.

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