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Type 1 diabetes can cause excessive thirst or hunger, slow healing of ulcers and other symptoms. Type 1 diabetes is a chronic disease marked by high blood glucose (sugar) levels called hyperglycemia. It is considered an autoimmune disease, resulting in an attack by the immune system on the beta cells of the pancreas that produce insulin - a hormone that helps certain cells in the body absorb glucose. And without enough insulin, blood glucose levels can rise to unhealthy levels, causing a number of health problems. Type 1 diabetes accounts for only about 5 percent of all diabetes cases, according to the Centers for Disease Control and Prevention (CDC). By comparison, type 2 diabetes - which develops when cells cannot use insulin properly - accounts for 90 to 95 percent of all diabetes cases. However, type 1 and 2 diabetes often have the same symptoms associated with hyperglycemia. Type 1 Symptoms of Diabetes Causes Symptoms of Type 1 Diabetes include: Excessive thirst or hungerIndused urinationUnseed weight lossNumbness or wormwood in the hands or feet, or loss of feeling in the legsFatigueDry, itchy skinvision changes, including blurred visionSlow-healing ulcers and increased rate of infectionsNausea, vomiting, and abdominal pain (in cases where the disease develops rapidly)Without insulin and the ability to use sugar to generate energy The body can start to break down fat as an alternative energy source, resulting in high levels of ketones (toxic acids) in the blood. This condition, called diabetic ketoacidosis, can cause: Diabetes and HypoglycemiaPeople with type 1 diabetes must take insulin - usually by injection, or by insulin pump - to provide their cells with the necessary hormone. However, too much insulin can cause cells to absorb too much glucose from the bloodstream, resulting in low blood glucose levels, or hypoglycemia. Symptoms of hypoglycemia include: HeadacheUnusual hungerNervousnessBoy shaking and weakness Rapid heartbeatIn sweating or drinking something high in sugar - such as solid candy or fruit juice - can help quickly treat hypoglycemia. Type 1 Diabetes Diagnosis - Type 1 or Type 2 - usually requires one or more blood tests. An fasting blood glucose test measures blood glucose levels after 8 hours of fasting (without eating or drinking, except for water). This test is not always reliable, and is usually more accurate in the morning. Several tests conducted at a particular time are usually required to diagnose diabetes. If your initial fasting glucose test results in your blood are normal, but you have some symptoms or risk factors for diabetes, your doctor may hold glucose tolerance test. For this test you will drink a special glucose solution and then take another fasting glucose test in your blood after two hours have passed. A random blood glucose test measures glucose levels at an unspecified time. High High glucose levels, in addition to one or more diabetes symptoms, may indicate that you have the disease. This test is less accurate than fasting glucose or oral glucose tolerance test. The glycated hemoglobin test, or A1C test, is another type of blood test that provides an overview of your blood glucose levels over the past few months, rather than just a snapshot of your current level. Unaffected by recent meals, the A1C test measures the percentage of hemoglobin - the oxygen that transports protein in red blood cells - to which glucose is attached. A high percentage (over 6.5 percent) indicates diabetes. After your diabetes diagnosis, your doctor may also order an autoantibodies test that looks for antibodies that attack the beta cells of the pancreas. An autoantibod test can help distinguish between type 1 diabetes and type 2 diabetes. Symptoms of type 2 diabetes More than 6 million people in the United States have type 2 diabetes and are unaware of it. Many of them have no signs or symptoms. Symptoms can also be so mild that you may not even notice them. Some people have symptoms but do not suspect diabetes. Increased thirst for increased fatigue from hunger increase urination, especially at night weight loss blurred vision ulcers that do not heal Many people do not find out that they have the disease until they have diabetes complications such as blurred vision or heart problems. If you learn early that you have diabetes, then you can get treatment to prevent damage to the body. Anyone 45 years of age or older should consider getting tested for diabetes. If you are 45 years of age and older and overweight getting tested is highly recommended. If you are under 45 years of age, overweight, and have one or more risk factors, you should consider getting tested. Ask your doctor for an fasting blood glucose test or an oral glucose test. Your doctor will tell you if you have normal blood glucose levels, predeabet, or diabetes. The following tests are used for diagnostics: the fasting plasma glucose test (FPG) measures blood glucose levels in a person who has not eaten anything for at least 8 hours. This test is used to detect diabetes and pre-diabetes. An oral glucose tolerance test (OGTT) measures blood glucose levels after a person fasts for at least 8 hours and 2 hours after a person drinks glucose-containing beverages. This test can be used to diagnose diabetes and pre-diabetes. A random plasma glucose test, also called a random plasma glucose test, measures blood glucose levels without taking into account when a person is tested for the last time a spruce. This test, along with the assessment of symptoms, is used to diagnose diabetes, but not before diabetes. Test results that indicate that a person has diabetes must be confirmed by a second test on another day. The FPG test is the preferred test for diabetes diagnosis because of its convenience and low cost. However, he will miss some diabetes or pre-diabetes, which may be with OGTT. The FPG test is the most reliable when done in the morning. People with fasting glucose levels of 100 to 125 milligrams per deciliter (mg/dL) have a form of predeabet called fasting glucose disorder (IFG). Having IFG means that a person has an increased risk of developing type 2 diabetes but doesn't have it yet. A level of 126 mg/dl or higher, confirmed by a repeat of the test on another day, means that a person has diabetes. OGTT Research has shown that OGTT is more sensitive than the FPG test for pre-diabetes diagnosis, but less convenient to administer. OGTT requires fasting at least 8 hours before the test. The level of glucose in plasma is measured just before and 2 hours after a person drinks a liquid containing 75 grams of glucose dissolved in water. If the blood glucose level is between 140 and 199 mg/dL 2 hours after consuming the liquid, the person has a form of predeabet called glucose tolerance disorder (IGT). Having IGT, as with IFG, means that a person has an increased risk of developing type 2 diabetes but does not have it yet. A 2-hour glucose level of 200 mg/dl or higher, confirmed by a repeat of the test on another day, means that the person has diabetes. Gestational diabetes is also diagnosed based on plasma glucose values measured during OGTT, preferably using 100 grams of glucose in the liquid for the test. Blood glucose levels are checked four times during the test. If blood glucose levels are above normal at least twice during the test, the woman has gestational diabetes. A random plasma glucose test is accidental, or accidental, blood glucose levels of 200 mg/dL or higher, plus the presence of the following symptoms, may mean that a person has diabetes: increased urination increase thirst unexplained weight loss If the test results are normal, testing should be repeated at least every 3 years. Doctors may recommend more frequent testing depending on the initial results and the risk status. People whose test results show that they have prior diabetes should have their blood glucose checked again in 1 to 2 years and take steps to prevent type 2 diabetes. When a woman is pregnant, the doctor will assess her risk for experiencing gestational diabetes on her first prenatal visit and order testing as necessary during pregnancy. Women who develop gestational diabetes should also be tested 6-12 weeks after the birth of the baby. Since type 2 diabetes has become more common among children and adolescents than in the past, those at high risk of developing diabetes should be tested every 2 years. Testing should begin at the age of 10 or puberty, depending on what happens in the first place. BMI Measuring body weight relative to height, which can help you determine if your weight puts you at risk for diabetes. It should be noted that BMI has certain limitations. This may overestimate the body fat in athletes and others who have a muscle build and and fat in old age and other individuals who have lost muscle. BMI for children and adolescents should be determined based on age, height, weight and gender. Find out your BMI here. Type 1 diabetes is a lifelong autoimmune disease that affects how your body processes food and turns it into energy. When you eat, the food is digested and broken down into a simple sugar called glucose. Glucose is essential for every function of the body, including thinking. But when you have type 1 diabetes, your pancreas stops producing insulin, a hormone that allows your body's cells to take glucose for energy. So instead of using glucose from the food you eat and using it to generate energy, it is constantly circulating in the blood. Insulin helps to transport glucose from the bloodstream using glucose transporters. Because glucose can't get into your body's cells and instead creates blood, it throws your body into crisis. The most common symptoms associated with type 1 are: Extreme fatigueChasma the need to urinate Continual thirst, despite taking fluidNorret hunger urgesUnexplained weight loss type 1 used to be called juvenile diabetes, as the disease often affects children and adolescents. Symptoms of the disease in children often look like this: Frequent wetting the bedFweight lossSevere hunger Frequency thirstfatigue or mood changes It is easy to understand these symptoms when you realize that the body is starving for glucose. Hunger, weight loss and fatigue are symptoms of the body's inability to use glucose to generate energy. Frequent urination and thirst occur because your body does its best to get rid of excess glucose by dropping it into your bladder. The biggest difference between these two types of diabetes (there are more) is in insulin production. In type 1, insulin production decreases and may stop altogether. In type 2, the pancreas continues to produce insulin, but it is not enough to keep glucose in balance. It is also possible that the pancreas makes enough insulin, but the body uses it poorly (the so-called insulin resistance), most often because the person is overweight. The vast majority of those diagnosed with diabetes have type 2. While everyone can get type 1, children and teens are most likely to be diagnosed with this type of diabetes. It is estimated that about 15,000 children and adolescents in the United States are diagnosed with type 1 each year. Children from non-Hispanic whites, African Americans and Hispanic ethnic groups are at greater risk for type 1. Children from Native American and Asian Pacific ethnic groups are also at risk for Type 1, but have a higher risk for Type 2. Diabetes 1 can develop in children or adults when the immune system turns on and destroys the cells of the pancreas that are responsible for insulin production. It is considered an autoimmune disease. Why Why Going still unclear to researchers, but the three most likely culprits appear to be: Genes: A Family History of Diabetes Is Present for SomeViruses: Some Evidence Exists that some viruses can trigger an immune system response that is similar to finding and destroying missions; Closing insulin production in the pancreas: Some researchers suspect that environmental impacts, combined with genetic factors, may increase the risk of type 1 diabetes Although the exact cause (s) is not yet known, we know for sure that type 1 diabetes is not caused by the consumption of foods high in sugar. There are three standard blood tests commonly used to diagnose type 1 and type 2 diabetes. You may be diagnosed with type 1 diabetes, if you meet one of the following fasting blood glucose test criteria (FBG) more than 126 milligrams per deciliter (mg/dL) on two separate glucose tests test over 200 milligrams per deciliter (mg/dL) ) with symptoms of diabetesGemoglobin a1C test over 6.5 percent on two separate tests There are other factors taken into account in the diagnosis of type 1 diabetes: the presence of specific antibodies such as glutamic acid decarboxylase 65 (GADA) antibodies and/or others; and a low to normal C-peptide count, which is a substance made in the pancreas along with insulin, which can show how much insulin your body makes. The goal of treating type 1 diabetes is to extend insulin production as soon as possible before production stops completely, which is usually inevitable. It is a lifelong disease, but there are numerous tools and medications to help with management. Initially, diet and lifestyle changes can help with blood sugar balance, but as insulin production slows down, you may need to take insulin injections. The timing of insulin therapy for each person varies. Treatment options also include oral medications for glucose control and pancreatic care to support insulin production as much as possible. Work with your medical team, including your primary care physician and endocrinologist, to create an individualized treatment plan. Currently there is no cure for diabetes. The closest thing to treating type 1 diabetes is a pancreatic transplant. However, it is a risky operation to perform and those who receive a transplant should take powerful immunosuppressants for the rest of their lives to save their bodies from giving up a new organ. In addition to these risks, there is also a shortage of available donors to meet demand. Until a safer and more affordable treatment is found, the goal is to manage diabetes well. Clinical studies have shown that well-managed diabetes can delay or prevent many health complications that can lead. In fact, there are a few things a person with type 1 diabetes can't do if you take it seriously. Good management habits include: You may feel shocked, shocked, and confuse type 1 diabetes diagnosis, affecting you, your child, or loved one, but know that help is available. Look for a support group online or in your area to connect with others experiencing the same emotions and problems. And while new research is being conducted every day, there are numerous monitoring tools and medications on the market today to help you manage your illness and continue to live a healthy, fulfilling life. Thank you for your feedback! What do you care? Verywell Health uses only high-quality sources, including peer-reviewed research, to support the facts in our articles. Read our editorial process to learn more about how we verify facts and maintain the accuracy, reliability and reliability of our content. Statistics. American Diabetes Association. Diabetes review in children and adolescents. National Diabetes Education Program. National Diabetes Newsletter 2007. Centers for Disease Control and Prevention. Prevent.

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