Diabetes, Type 2, Am I At Risk?

Diabetes is a lasting (*chronic*) disease. In type 2 diabetes, the pancreas does not make enough insulin, and the body does not respond normally to the insulin that is made. This type of diabetes was also previously called *adult onset diabetes*. About 90% of all those who have diabetes have type 2. It usually occurs after the age of 40, but can occur at any age.

People develop type 2 diabetes because they do not use insulin properly. Eventually, the pancreas cannot make enough insulin for the body's needs. Over time, the amount of glucose (*sugar*) in the blood increases.

RISK FACTORS FOR TYPE 2 DIABETES?

- Overweight – the more weight you have, the more resistant your cells become to insulin.
- Family history – you are more likely to get diabetes if a parent or sibling has diabetes.
- Race – certain races get diabetes more.
  - African Americans.
  - American Indians.
  - Asian Americans.
  - Hispanics.
  - Pacific Islander.
- Inactive – exercise helps control weight and helps your cells be more sensitive to insulin.
- Gestational diabetes – some women develop diabetes while they are pregnant. This goes away when they deliver. However, they are 50-60% more likely to develop type 2 diabetes at a later time.
- Having a baby over 9 pounds – a sign that you may have had gestational diabetes.
- Age – the risk of diabetes goes up as you get older, especially after age 45.
- High blood pressure (*hypertension*).

WHAT ARE THE SIGNS AND SYMPTOMS OF TYPE 2 DIABETES?

Many people have no signs or symptoms. Symptoms can be so mild that you might not even notice them. Some of these signs are:

- Increased thirst.
- Increased hunger.
- Tiredness (*fatigue*).
- Increased urination, especially at night.
- Weight loss.
- Blurred vision.
- Sores that do not heal.

SHOULD I BE TESTED FOR DIABETES?

- Anyone 45 years or older, especially if overweight, should consider getting tested.
- If you are younger than 45, overweight, and have one or more of the risk factors, you should consider getting tested.

SCREENING FOR TYPE 2 DIABETES

- Fasting blood glucose (FBS). Usually, 2 are done.
  - FBS 101-125 mg/dl is considered pre-diabetes.
  - FBS 126 mg/dl or greater is considered diabetes.
- 2 hour Oral Glucose Tolerance Test (OGTT). This test is preformed by first having you not eat or drink for several hours. You are then given something sweet to drink and your blood glucose is measured fasting, at one hour and 2 hours. This test tells how well you are able to handle sugars or carbohydrates.
  - Fasting: 60-100 mg/dl.
  - 1 hour: less than 200 mg/dl.
  - 2 hours: less than 140 mg/dl.

- A1c –A1c is a blood glucose test that gives and average of your blood glucose over 3 months. It is the accepted method to use to diagnose diabetes.
- A1c 5.7-6.4% is considered pre-diabetes.
- A1c 6.5% or greater is considered diabetes.

WHAT DOES IT MEAN TO HAVE PRE-DIABETES?

Pre-diabetes means you are at risk for getting type 2 diabetes. Your blood glucose is higher than normal, but not yet high enough to diagnose diabetes. The good news is, if you have pre-diabetes you can reduce the risk of getting diabetes and even return to normal blood glucose levels. With modest weight loss and moderate physical activity, you can delay or prevent type 2 diabetes.

WHAT CAN I DO ABOUT MY RISKS?

You cannot do anything about race, age or family history, but you can lower your chances of getting diabetes. You can:

- Exercise regularly and be active.
- Reduce fat and calorie intake.
- Make wise food choices as much as you can.
- Reduce your intake of salt and alcohol.
- Maintain a reasonable weight.
- Keep blood pressure in an acceptable range. Take medication if needed.
- Not smoke.
- Maintain an acceptable cholesterol level (HDL, LDL, Triglycerides). Take medication if needed.

DOING MY PART: GETTING STARTED

Making big changes in your life is hard, especially if you are faced with more than one change. You can make it easier by taking these steps:

- Make a plan to change behavior.
- Decide exactly what you will do and when you will do it.
- Plan what you need to get ready.
- Think about what might prevent you from reaching your goals.
- Find family and friends who will support and encourage you.
- Decide how you will reward yourself when you do what you have planned.
- Your doctor, dietitian, or counselor can help you make a plan.

HERE ARE SOME OF THE AREAS YOU MAY WISH TO CHANGE TO REDUCE YOUR RISK OF DIABETES.

If you are overweight or obese, choose sensible ways to get in shape. Even small amounts of weight loss, like 5-10 pounds, can help reduce the effects of insulin resistance and help blood glucose control.

Diet

- Avoid crash diets. Instead, eat less of the foods you usually have. Limit the amount of fat you eat.
- Increase your physical activity. Aim for at least 30 minutes of exercise most days of the week.
- Set a reasonable weight-loss goal, such as losing 1 pound a week. Aim for a long-term goal of losing 5-7% of your total body weight.
- Make wise food choices most of the time.
- What you eat has a big impact on your health. By making wise food choices, you can help control your body weight, blood pressure, and cholesterol.
- Take a hard look at the serving sizes of the foods you eat. Reduce serving sizes of meat, desserts, and foods high in fat. Increase your intake of fruits and vegetables.
- Limit your fat intake to about 25% of your total calories. For example, if your food choices add up to about 2,000 calories a day, try to eat no more than 56 grams of fat. Your caregiver or a dietitian can help you

figure out how much fat to have. You can check food labels for fat content too.

- You may also want to reduce the number of calories you have each day.
- Keep a food log. Write down what you eat, how much you eat, and anything else that helps keep you on track.
- When you meet your goal, reward yourself with a nonfood item or activity.

Exercise

- Be physically active every day.
- Keep and exercise log. Write down what exercise you did, for how long, and anything else that keeps you on track.
- Regular exercise (like brisk walking) tackles several risk factors at once. It helps you lose weight, it keeps your cholesterol and blood pressure under control, and it helps your body use insulin. People who are physically active for 30 minutes a day, 5 days a week, reduced their risk of type 2 diabetes. If you are not very active, you should start slowly at first. Talk with your caregiver first about what kinds of exercise would be safe for you. Make a plan to increase your activity level with the goal of being active for at least 30 minutes a day, most days of the week.
- Choose activities you enjoy. Here are some ways to work extra activity into your daily routine:
  - Take the stairs rather than an elevator or escalator.
  - Park at the far end of the lot and walk.
  - Get off the bus a few stops early and walk the rest of the way.
  - Walk or bicycle instead of drive whenever you can.

TAKE YOUR PRESCRIBED MEDICATIONS

Some people need medication to help control their blood pressure or cholesterol levels. If you do, take your medicines as directed. Ask your caregiver whether there are any medicines you can take to prevent type 2 diabetes.

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