

Getting Diagnosed

How are diabetes and pre-diabetes diagnosed?

The following tests are used for diagnosis:

A **fasting plasma glucose test** measures your blood glucose after you have gone at least 8 hours without eating. This test is used to detect diabetes or pre-diabetes.

An **oral glucose tolerance test** measures your blood glucose after you have gone at least 8 hours without eating and 2 hours after you drink a glucose-containing beverage. This test can be used to diagnose diabetes or pre-diabetes.

In a **random plasma glucose test**, your doctor checks your blood glucose without regard to when you ate your last meal. This test, along with an assessment of symptoms, is used to diagnose diabetes but not pre-diabetes.

Positive test results should be confirmed by repeating the fasting plasma glucose test or the oral glucose tolerance test on a different day.

When should I be tested for diabetes?

Anyone 45 years old or older should consider getting tested for diabetes. If you are 45 or older and your Body Mass Index (BMI) indicates that you are overweight, it is strongly recommended that you get tested. If you are younger than 45, are overweight, and have one or more of the [risk factors](#), you should consider testing. Ask your doctor for a FPG or an OGTT. Your doctor will tell you if you have normal blood glucose, pre-diabetes, or diabetes. If your blood glucose is higher than normal but lower than the diabetes range (called pre-diabetes), have your blood glucose checked in 1 to 2 years.

What factors increase my risk for type 2 diabetes?

- I am 45 or older.
- I am overweight or obese
- I have a parent, brother, or sister with diabetes.
- My family background is African American, American Indian, Asian American, Pacific Islander, or Hispanic American/Latino.
- I have had gestational diabetes, or I gave birth to at least one baby weighing more than 9 pounds.
- My blood pressure is 140/90 or higher, or I have been told that I have high blood pressure.
- My cholesterol levels are not normal. My HDL cholesterol ("good" cholesterol) is 35 or lower, or my triglyceride level is 250 or higher.
- I am fairly inactive. I exercise fewer than three times a week.

Source: Information published by the National Institute of Diabetes and Digestive and Kidney Diseases

Important Notice: Information provided is for general background purposes and is not intended as a substitute for medical diagnosis or treatment by a trained professional. You should always consult your physician about any health care questions you may have, especially before trying a new medication, diet, fitness program, or approach to health care issues.

Types of Diabetes

The three main types of diabetes are

- type 1 diabetes
- type 2 diabetes
- gestational diabetes

Type 1 Diabetes

Type 1 diabetes is an autoimmune disease. An autoimmune disease results when the body's system for fighting infection (the immune system) turns against a part of the body. In diabetes, the immune system attacks and destroys the insulin-producing beta cells in the pancreas. The pancreas then produces little or no insulin. A person who has type 1 diabetes must take insulin daily to live.

At present, scientists do not know exactly what causes the body's immune system to attack the beta cells, but they believe that autoimmune, genetic, and environmental factors, possibly viruses, are involved. Type 1 diabetes accounts for about 5 to 10 percent of diagnosed diabetes in the United States. It develops most often in children and young adults but can appear at any age.

Symptoms of type 1 diabetes usually develop over a short period, although beta cell destruction can begin years earlier. Symptoms may include increased thirst and urination, constant hunger, weight loss, blurred vision, and extreme fatigue. If not diagnosed and treated with insulin, a person with type 1 diabetes can lapse into a life-threatening diabetic coma, also known as diabetic ketoacidosis.

Type 2 Diabetes

The most common form of diabetes is type 2 diabetes. About 90 to 95 percent of people with diabetes have type 2. This form of diabetes is most often associated with older age, obesity, family history of diabetes, previous history of gestational diabetes, physical inactivity, and certain ethnicities. About 80 percent of people with type 2 diabetes are overweight.

Type 2 diabetes is increasingly being diagnosed in children and adolescents. However, nationally representative data on prevalence of type 2 diabetes in youth are not available.

When type 2 diabetes is diagnosed, the pancreas is usually producing enough insulin, but for unknown reasons the body cannot use the insulin effectively, a condition called insulin resistance. After several years, insulin production decreases. The result is the same as for type 1 diabetes—glucose builds up in the blood and the body cannot make efficient use of its main source of fuel.

The symptoms of type 2 diabetes develop gradually. Their onset is not as sudden as in type 1 diabetes. Symptoms may include fatigue, frequent urination, increased thirst and hunger, weight loss, blurred vision, and slow healing of wounds or sores. Some people have no symptoms.

Gestational Diabetes

Some women develop gestational diabetes late in pregnancy. Although this form of diabetes usually disappears after the birth of the baby, women who have had gestational diabetes have a 20 to 50 percent chance of developing type 2 diabetes within 5 to 10 years. Maintaining a reasonable body weight and being physically active may help prevent development of type 2 diabetes.

About 3 to 8 percent of pregnant women in the United States develop gestational diabetes. As with type 2 diabetes, gestational diabetes occurs more often in some ethnic groups and among women with a family history of diabetes. Gestational diabetes is caused by the hormones of pregnancy or a shortage of insulin. Women with gestational diabetes may not experience any symptoms

Source: Information published by the National Institute of Diabetes and Digestive and Kidney Diseases

Basics of Diabetes Management

Experts say most people with diabetes should try to keep their blood glucose level as close as possible to the level of someone who doesn't have diabetes. The closer to normal your blood glucose is, the lower your chances are of developing serious health problems.

Your health care team will help you learn how to reach your target blood glucose range. Your main health care providers are your doctor, nurse, diabetes educator, and dietitian.

Things to Do Every Day for Good Diabetes Care



Follow the healthy eating plan that you and your doctor or dietitian have worked out.



Be active a total of 30 minutes most days. Ask your doctor what activities are best for you.



Take your medicines as directed.



Check your blood glucose every day. Each time you check your blood glucose, write the number in your record book.



Check your feet every day for cuts, blisters, sores, swelling, redness, or sore toenails.



Brush and floss your teeth every day.



Control your blood pressure and cholesterol.



Don't smoke.

Source: Information published by the National Institute of Diabetes and Digestive and Kidney Diseases

Diabetes Risks and Complications

Too much glucose in the blood for a long time can cause diabetes problems. This high blood glucose, also called blood sugar, can damage many parts of the body, such as the heart, blood vessels, eyes, and kidneys. Heart and blood vessel disease can lead to heart attacks and strokes. You can do a lot to prevent or slow down diabetes problems.

Although problems and complications can arise, learning about and practicing good diabetes management can help you live a long and healthy life. In addition to assembling a diabetes healthcare team, you should learn to [monitor important numbers](#), [eat healthily](#), [stay active](#), and manage special situations like [travel](#) and sick days. While you can find some helpful information on managing your diabetes on this website you should rely on your doctor and to provide you with the most accurate and personalized information managing your diabetes to avoid complications.

Source: Information published by the National Institute of Diabetes and Digestive and Kidney Diseases

Fuente:

http://www.abbottdiabetescare.com/adc_dotcom/url/content/en_US/35.10:10/general_content/General_Content_0000243.htm