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The diabetes code summary pdf

Diabetes is a metabolic disease; it is also called diabetes mellitus. It is a long-term state of health. There are three different types. Diabetes 1 occurs when the body does not produce insulin. Insulin is needed to regulate blood sugar levels. Diabetes 2 occurs when the body does not produce enough insulin. Gestational diabetes can affect women during pregnancy. High blood sugar levels lead to polyuria (frequent urination), polydipsia (increased thirst) and polyphagia (increased hunger). Prediabetes is a condition in which the cells in the body become insulin-resistant. Insulin injections, a special diet, and exercise are used to treat diabetes 1, the second type is more common, and treated with tablets, according to a special diet, and insulin injections may be required, but are not a daily treatment. People with diabetes can develop secondary health problems - eye complications such as diabetic retinopathy, high blood pressure, foot complications, hearing loss and many health risks increase with diabetes. The body also heals much more slowly. Understand diabetes and how your body uses insulin to deal with glucose. You will also find information about the effects of diabetes on other systems in the body. Q: What is diabetes? What causes diabetes? A: Diabetes, also known as diabetes mellitus (DM), is a group of diseases related to the problem of the hormone insulin. Normally, the pancreas releases insulin in your body to store and use the sugar and fat in the food you eat. Diabetes is caused by the following factors: 1) The pancreas stops producing insulin. 2) The pancreas produces very little insulin. 3) The cells of the body do not react to the insulin produced by the pancreas. Related FAQ: My fastblood sugar is 6.6. Do I have a high risk of diabetes? What is the probability of inheritance in diabetes? How many types of blood tests for diabetes? Keywords: _diabetes; Diabetes; diabetes_; diabetes__; Diabetes+; Diabetes Information * The content is not intended as a substitute for professional medical advice, diagnosis or treatment. Always seek the advice of your doctor or other qualified healthcare provider if you have any questions about a medical condition. Erica Freudenstein Today I am a pincushion. Actually, I'm a pincushion every day, now that I know I have type II diabetes and i have to stab my finger every day to get my blood sugar levels. My story could easily be your husband's story. So if you read this, you might want to get him to read it. Nine years ago Just before my 45th birthday, I had no idea that I was diabetic. Like many middle-aged men, I visited the doctor only if a flu or muscle spasm required a prescription. When my wife Liz asked me to schedule a routine check last spring, I nodded and did nothing. She kept asking; I nodded again and again. After two months of prodding I voted in favour of the appointment, and in June I agreed. My last physical was in 1999. At the time, my doctor (let's call him Dr. McFerrin, because his attitude is: Don't worry, be happy) said that my cholesterol was high (it was 272!) -- and that I should probably lose weight and exercise more. I nodded. A few days after my last physical, Dr. McFerrin called to say that my total cholesterol had risen to 304 (everything below 200 is normal) and my blood sugar -- or fasting plasma glucose levels -- stood at 169. He didn't seem to worry; he just told me to come back in a few days for more blood work to see if the numbers were correct. I did, and this time my blood sugar was even higher -- 206 -- while my cholesterol hovered around 300. I'm going to put medication on you, Dr. McFerrin explained. He wrote a recipe for glucophage (which I should take after breakfast and dinner) to lower my glucose levels. For my cholesterol, he prescribed a statin. You should eat more and exercise and come back in a month, he said casually, adding that he was leaving for a few weeks and that I could call another doctor in his practice with questions. He never mentioned diabetes, and I had no idea what normal

blood sugar levels were. But a few days later, he sent me a generic list of foods to be eaten by diabetics, as well as foods to avoid. The diagnosis That night I went online and discovered that a blood sugar level of less than 110 milligrams per deciliter of blood is normal. A value from 110 to 125 is abnormal or elevated. And if it climbs to 126 or higher, it means you have diabetes. I couldn't have been more surprised or depressed. A chronic disease, diabetes occurs when the body does not produce or use insulin properly and is therefore unable to maintain normal blood sugar levels. It's usually genetic, but neither my mother nor my father has it, nor my grandparents. Often, people have warning signs that they have developed the condition, including frequent urination, unusual thirst or weight loss, extreme hunger or fatigue, irritability, frequent infections, blurred vision and tingling or numbness in the hands or feet. Not me. As a producer of Good Housekeeping's TV news segments, I recently interviewed Robin Goland, M.D., director of the Naomi Berrie Diabetes Center, in New York City, who said you have to act immediately as soon as you have diabetes. Armed with this knowledge, I broke the message to my wife and parents, all of which insisted that I diabetes specialists. This time I took the advice seriously and planned an appointment with Dr. Goland./ A new diet the night before my visit, my wife and I adted in an Italian restaurant. Until then, I had read enough about diabetes and cholesterol to have an idea of what to eat and what not to eat. So when we ordered, ordered, asked for a small salad and pasta with garlic and oil, steadfastly avoid the delicious breadsticks. Then I committed an unforgivable sin: I ordered a sprite. My wife jumped out of her chair and ran off the table -- expressing her sharp disapproval, as well as her fear that the sprite would kill me within minutes. I didn't drink it. When I met Dr. Goland, I thought she would agree that Liz had overreacted. No way. Instead, Dr. Goland explained that there were some foods that I should now do my best to avoid. And soda (except for the diet, which is sugar-free) was one of them. Then I learned that it wasn't sugar that I had to watch; they were carbohydrates. (Sugar, it turns out, is a carbohydrate.) According to Dr Goland, the number of carbohydrates you eat increases your blood sugar levels. It doesn't matter if the carbohydrates come from Milky Ways or mashed potatoes (or even sprite). If you eat or drink more than four carbohydrate portions (one equals about 15 grams) with a meal, your blood sugar will rise. (At five grams, a vegetable counts as a third of a portion; a slice of bread counts as a portion.) To track my blood sugar, Dr. Goland told me that I had to measure my blood sugar, Dr. Goland told me that I had to measure my blood sugar level four times a day by pricking my index finger with a lance, dropping some blood on a paper strip, and inserting the strip into a small plastic digital meter. I would fax the results weekly to her office. And as my glucose levels rose, I sent a record of what I had eaten. Dr. Goland also ordered me to exercise for 20 minutes at least three days a week and lose weight to control my diabetes. She stressed that healthy eating and regular exercise would have the added benefit of lowering my cholesterol. I should continue to take glucophage and statin. Do you take one aspirin a day to prevent a heart attack?, she asked. I shook my head. That's what you're doing now. On dr. Goland's recommendation, I had my eyes checked because diabetics are at risk of glaucoma -- leading to progressive loss of vision. (I now have to have my eyes examined every year.) I also had to meet with a nutritionist to discuss my diet and learn how to take my blood sugar levels. My eyes were fine. But the meeting with the nutritionist was a real eye-opener. Before I saw them, I had what I thought was a healthy meal in a Chinese restaurant: Wonton soup, sesame chicken, a bowl of white rice and Tea (no egg rolls!). Proud of me, I met the nutritionist and put the lance in my index finger for the first time. Five seconds later, I stared at the counter in disbelief: my blood sugar was 251! How could that be? Chinese food, it turns out, is a kitchen that diabetics need to be careful with. This is partly because the appetizers are often dipped in a sweet dough and fried, and partly because diabetics should not eat a whole bowl of carbohydrates. should. Managing your carbohydrate intake is not like diet, I discovered. You can't indulge in one meal, skip the next, and expect everything to go out on average. Once you eat too many carbohydrates, your body is stuck with them. In fact, it is important to eat three meals a day around the same time every day. But what could I eat, apart from beans (Yecch), salad (not every day!) and fish? The answer: a little of mostly everything and hardly anything else like sweets and fruit juice. A diabetic should target six or more daily portions of cereals, beans and starchy vegetables; three to five other vegetables; three to four fruits; two to three milks; and two to three meats. It is also important to limit fats, sweets and alcohol to one serving per day. Life as a diabetic While I write this, I am entering my fifth month as a diabetic, I lead a pretty normal life, I lost 20 pounds. I run more during the day and tweak myself to use my home running band for 20 minutes three nights a week. My cholesterol has dropped from 300 to 130, and my blood sugar levels usually hover between 100 and 120. In fact, they were so decent that Dr. Goland now allows me to take the readings twice a day instead of four. Occasionally I go. After devouring half a sliced steak sub, the meter was 161. And when I ate a turkey sandwich on wholemeal bread and a few chips, it came across 165. I think it was the bread (but it was whole grain!) and these chips (but they were baked, not fried). Since my diagnosis, my wife has been on a mission to make healthy yet tasty food at home. She recently prepared a delicious salmon en croéte on the backyard grill, accompanied by a small side dish of pasta with tomato sauce and corn on the stick. We're thinking about writing The Croéte Cookbook. I returned to Dr. McFerrin a month after my diagnosis and told him that I had lost weight and had seen a diabetes specialist, nutritionist and ophthalmologist. He nodded. I told him That I was annoyed that he hadn't mentioned diabetes. His answer: Well, you're going to have that for the rest of your life, so I thought we could wait a month to talk about it. Very guyish. But not too helpful. If you read this, I will have a new doctor. This content is created and managed by a third party and imported to this page to allow users to provide their e-mail addresses. For more information about this and similar content, see piano.io piano.io

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