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## Blood type problems answers

One of the goals of COVID-19 research is understanding why some people develop mild or moderate cases while others experience life-threatening illnesses. Researchers have made progress in understanding some of the factors that make a difference, including obesity and underlying health conditions such as diabetes and heart disease. Recently, an ongoing study by European scientists suggested another potential factor to consider: blood type. Preliminary results of this investigation (which has not yet been peer reviewed) were shared on the preprint service MedRxiv on June 2. The researchers examined blood samples from 1,610 hospitalized patients in Italy and Spain with the disease, as well as a 2,205 healthy people in a control group. Their analysis identified variations at two separate areas on the genome (the complete set of human DNA, including all genes) related to greater risk of severe responses to SARS-CoV-2, the virus that causes COVID-19, including respiratory failure. One of these areas on the genome is related to blood types. The researchers found that type A blood was associated with a 50 percent increase in risk that a patient would become extremely ill with COVID-19 and require supplementary oxygen or ventilator. This conclusion supports findings from early research conducted in China, which appeared in MedRxiv on March 27. It gave the researchers more confidence in the associations, says study co-author Andre Franke, PhD, professor of molecular medicine at the Institute of Clinical Molecular Biology at University Hospital Schleswig-Holstein in Kiel, Germany. Researchers on another ongoing study, by the genetic testing firm 23andMe, released preliminary data on June 8 that suggests type O blood protective. The researchers found that people with type O blood between 9 and 18 percent are less likely to test positive for COVID-19 than other blood types. The 23andMe study still recruits subjects but already has 750,000 participants and is likely to come out with more data on genetic associations and COVID-19. RELATED: The new normal: What we know about the coronavirus so far and how we got here How genes can make a difference with the Coronavirus Dr. Franke hopes to build on the findings on type A blood with more targeted research, he says, especially since there are 36 known human blood groups. In addition to the four main types — A, B, AB and O — there is also a deeper classification system that includes different combinations of antigens (molecules on the surface of each red blood cell) and other substances. There are other types of diseases where blood types and blood groups affect a person's susceptibility. For example, people who do not have a specific type of antigen, called a Duffy antigen, have a higher against malaria. In terms of why a variant like the gene associated with blood type blood type franke says there are three possible hypotheses. One is that the genetic variant itself contributes to the so-called cytokine storm, in which a person's immune system goes into overdrive in response to the new coronavirus threat, disclosing large amounts of pro-inflammatory

substances called cytokines. An excess of cytokines can damage healthy tissue. The second hypothesis is that the genetic variant causes more coagulation (blood clotting) in response to the coronavirus – an already observed result of disease progression. The third theory is that both of these reactions occur simultaneously. There may be other issues at stake here, but given the way we know COVID-19, these seem the most likely reasons, Franke says. Next steps are to dig deeper into the blood groups system and see if we can pinpoint real disease causes. RELATED: What people with heart disease need to know about COVID-19Should you're worried about if you're type A or relaxing if you're Type O? What should you do in response to these studies, considering you can't change your blood type? Nothing yet. There is no need to get to a doctor if you are type A, and on the other hand, there is no need to relax your precautions against coronavirus transmission – such as social distancing and hand washing – if you keep type O.Keep in mind, these are preliminary results and more research needs to be done to understand how genetic variations really affect COVID-19. More than anything, it's a knot after how much we have left to learn about the way this virus works, and how genetic variants can affect why some people end up in the ICU and others have milder symptoms or even at all, says Priya Duggal, PhD, director of the genetic epidemiology program at Johns Hopkins Bloomberg School of Public Health in Baltimore. If we can find genes that can explain some of the risk or protection against this infection, it will give us insight into the mechanism of disease, she says. If genetics studies help us better understand how COVID-19 affects the body, they can ultimately help lead to treatments. This genetic study is hopefully the first of many that will help us explain disease mechanism, susceptibility to infection and perhaps even antibody reaction, says Dr. Duggal. This could provide potential targets for therapeutics. We have a lot to learn from this point, but we get more insight with each study. Type 1 diabetes is a complex disease that requires constant monitoring of blood glucose levels (sugar) levels, food intake, exercise and more. Even people who have been living with the condition for years can have questions about how best to manage it. Type 1 diabetes is manageable, but there are many who properly take care of yourself, says Karen Lau, registered dietitian and certified diabetes (CDE) at Joslin Diabetes Center in Boston. So people will have a lot of questions, especially if they've just been diagnosed. Here, Lau answers some common questions people with type 1 diabetes have for their care team: 1. What can I eat with type 1 diabetes? You can eat just about anything and everything, Lau says. Really, it's about learning to balance meals and find food that's healthy for you. Since processed foods tend to increase blood sugar faster, it's best to avoid it, or at least try to limit consumption, Lau adds. Work with a registered dietitian or CDE to develop an eating plan that works for you.2. Can I drink alcohol? Yes, but in moderation, Lau says. The American Heart Association defines healthy alcohol consumption as one drink a day for women and two drinks a day for men. Be sure to eat some carbohydrate before or while drinking, as alcohol can cause low blood glucose.3. Should I consider using technology like an insulin pump or a continuous glucose monitor? Technology can help, but Lau doesn't think you'll necessarily need an insulin pump or continuous glucose monitor — unless you're having trouble controlling blood sugar or believing that the high-tech help can improve your quality of life. Sometimes, when people are first diagnosed, they will be overwhelmed if you suggest they need a device that constantly monitors blood glucose, she explains. They worry that this means they have to constantly worry about it as well. How often should you check blood glucose varies. However, you should check at least four times a day – before each meal and before bed. Checking one to two hours after eating can also be beneficial. Lau recommends that you alternate the meals you choose as a start. For example, you can look at breakfast, lunch or dinner on Tuesday, she says. It helps you learn how different foods affect you. If you check blood sugar and pop up many highs and lows, you could benefit from technology like an insulin pump or continuous glucose monitor, which can help you maintain levels within your target range. Talk to your doctor about how often you should test and what your target range should be.4. Will I need other medications in addition to insulin? In short, maybe. Although most type 1 diabetes can be managed with insulin, a healthy diet, exercise and regular blood glucose testing, some people need additional treatment. You may also need other medications if you're managing other conditions in addition to diabetes. For example, since type 1 diabetes increases your risk for heart disease, your doctor may prescribe additional medications if you have high cholesterol or high blood pressure. They can also recommend daily aspirin to protect against heart attack and improve circulation.5. What resources available if I need help managing type 1 diabetes? According to Lau, if you have type 1 diabetes, you should regularly consult with a care team that includes your primary care doctor, an endocrinologist, a dietitian and a CDE. They can work with you to make sure you manage your condition well, and provide guidance on appropriate diet and exercise plans to keep you healthy. In addition, groups such as the American Diabetes Association (ADA) provide support for those with all types of diabetes, including type 1.6. What can I do if I don't experience the warning symptoms of low blood sugar (hypoglycemia unawareness)? Low blood sugar, or hypoglycemia, affects different people differently. While there are common symptoms - weakness, fatigue, tingling in the fingers - not everyone with type 1 diabetes will experience them, according to Diabetes UK. This is especially true for people who have had the condition for a long time. More frequent blood sugar testing, or the use of an insulin pump or continuous glucose monitor can help. You should also work with your health care team, which can adjust your blood sugar targets to help avoid episodes of low blood sugar, notes the ADA.7. How can I prevent my blood sugar levels from going too high after eating? The key here is portion size, Lau says. She and her colleagues at Joslin use the plate system, which says that for every meal half the food on your plate should be nonstarchy vegetables (think: broccoli or spinach), while a quarter of your plate should contain a source of carbohydrates (typically whole grains or starchy vegetables such as sweet potatoes). The key is balanced meals, Lau continues. Do not have a heavy carbohydrate-based meal and then have a slice of cake. Also, she adds, you should know that even certain vegetables such as wheat and peas are high in carbohydrates and can increase blood sugar. So it not only eats vegetables, but eats the right kind of vegetables, Lau.8 says. How should I adjust insulin doses before, during, and after exercise? It depends on your activity level and types of activities you do, the ADA says. Aerobic exercise such as jogging or bike riding can lower blood sugar, while anaerobic workouts such as weight training can increase it. Work with your care team to develop an exercise plan and insulin regimen that works for you, and expect some trial and error. Using a continuous glucose monitor during exercise can help you determine how exercise affects you, and provides a guide for insulin dosing. In addition to adjusting your insulin, your care team can help you adjust your carbohydr intake before and after exercise to maintain healthy blood glucose levels, Lau notes.9. Will I pass type 1 diabetes to my children? It's possible. While the exact causes of type 1 diabetes continue to According to the ADA, genetics do play a role, especially when both parents have it. It's important to note that while the lifestyle choices you make, such as what you eat or how often you exercise can affect your blood glucose with type 1 diabetes, there are also many other factors, such as stress and poor sleep, Lau says. But as long as you control what you can control, you'll be fine.

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