

DIABETES

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DIABETES MELLITUS (DIABETES)

- ▶ Diabetes Meaning ‘ a siphon’
 - ▶ To Pass through like siphon
- ▶ Mellitus meaning ‘like honey’
 - ▶ Urine taste and smell like honey
- ▶ Passing large amount of sweet urine

DIABETES INSIPIDUS

- ▶ Insipidus = Tasteless
- ▶ Passing Tasteless Urine
- ▶ Passing copious amount of tasteless urine
 - ▶ Inability to concentrate urine
 - ▶ Lack of Anti- Diuretic Hormone (Pituitary)

DIABETES

- ▶ Type 1 Diabetes
- ▶ Type 2 Diabetes
- ▶ Gestational Diabetes
- ▶ Others
 - ▶ Latent Autoimmune Diabetes of Adults (LADA)
 - ▶ Maturity Onset Diabetes of Young (MODY)
 - ▶ Secondary Diabetes
 - ▶ Drug induced
 - ▶ Pancreatic damage
 - ▶ Other hormonal imbalance
- ▶ Rare genetic variety

DIABETES

▶ Type 1 Diabetes

- ▶ lack of insulin production from pancreas
- ▶ Destruction of insulin producing cells in pancreas by immune system
- ▶ Occurs from infancy to late 30s
- ▶ Unknown cause of immune system trigger
- ▶ Absolute need for Insulin

Type 1 DIABETES

- ▶ Over 90% T1DM have no family history
- ▶ 50 different gene identified with increase risk of developing T1DM
- ▶ Risk gene may trigger immune destruction of Beta pancreatic cells
- ▶ Environment, viral infection, food particles etc may play a role
- ▶ Though family member may carry risk genes chance of multiple family members developing T1DM is very low
- ▶ High circulating autoantibodies (GAD, ICA, IA2, ZnT8)
- ▶ Low Cpeptides

DIABETES

▶ Type 2 Diabetes

- ▶ Insufficient production or resistance to Insulin
- ▶ Most common nearly 90% of DM
- ▶ Usually over 40 yrs age
- ▶ Can happen early due to lifestyle
 - ▶ Coca-Cola syndrome, Lucozade Syndrome
- ▶ Symptoms may not be obvious
- ▶ Can take long to develop = missed diagnosis for a period

DIABETES

Type 2 DM

- ▶ OBESITY
- ▶ LACK OF EXERCISE
- ▶ LIFESTYLE
- ▶ SMOKING
- ▶ GENETIC -STRONG FAMILY LINAGE

DIABETES T2DM

- ▶ Diet
- ▶ Exercise
- ▶ Tablets
 - ▶ METFORMIN, GLICLAZIDE, GLIPTINs, GLIFLOZINs
- ▶ INJECTIONS
 - ▶ INCRETIN MIMETICs
 - ▶ INSULINs

DIABETES

- ▶ LADA (Latent Autoimmune Diabetes of Adults)
 - ▶ Mixed features of Type 1 and Type 2
 - ▶ Immune damage to pancreas (GAD, ICA, IA-2 Ab, ZnT8)
 - ▶ Low C-peptide
 - ▶ Some Insulin resistance
 - ▶ May manage with diet and tablets initially but soon move to Insulin

DIABETES

▶ GESTATIONAL DIABETES

- ▶ During Pregnancy
- ▶ Large amount of hormone of pregnancy increase glucose level as well as interfere with Insulin action
- ▶ Mismatch between insulin production and demand
- ▶ High risk of developing Type 2 Diabetes in later life

DIABETES

- ▶ MATURITY ONSET DIABETES OF THE YOUNG (MODY)
 - ▶ DIAGNOSED AT YOUNG AGE (<25 YRS)
 - ▶ Runs in family (A dom)
 - ▶ Lack of autoantibodies
- ▶ Any disease causing damage to Pancreas
 - ▶ Infection or inflammation
 - ▶ Cancer
 - ▶ Hereditary conditions i.e Cfibrosis, Haemochromatosis (too much iron)
- ▶ Drug induced

DIABETES

- ▶ Type 1 - Need regular Blood glucose monitoring
- ▶ Type 2 - initial regular monitoring and then less frequent
- ▶ Good control delays complications
 - ▶ Eyes, kidneys, nerves, circulation, memory loss, infections and gangrene
- ▶ Driving - inform DVLA
 - ▶ No HGV, MPVs
- ▶ Foot Care

DIABETES

- ▶ Chronic condition
- ▶ Supply and demand mismatch
- ▶ Live within means! No over indulgence!
- ▶ Live healthy - smoking x, alcohol ↓
- ▶ Exercise regularly
- ▶ Regular meals
- ▶ Take care of your feet
- ▶ Regular reviews