Diabetes, complications and recovery

A different meal schedule or medicine dose can change your usual diabetes routine. Ask the team to walk through tomorrow's breakfast, blood sugar checks and medicines with you.

Diabetes affects how the body handles glucose, the sugar that circulates in the blood. Insulin made by the pancreas helps glucose enter cells to supply energy. When the body produces too little insulin or does not use it well, blood sugar rises. Over time this can affect the heart, blood vessels, kidneys, nerves and eyes. The three main types are type 1, type 2 and gestational diabetes.

Types Of Diabetes

In type 1 diabetes, the immune system attacks the insulin-producing cells in the pancreas. The body makes little or no insulin. People with type 1 need insulin every day. It is often diagnosed in children or young adults, and it can first appear at any age.

Doctors are uncertain as to the exact cause of type 1 diabetes, but there are some known risk factors including:

- Family history — Those with a parent or sibling who has type 1 diabetes are more likely to develop it themselves
- Genetics — Type 1 diabetes has been linked to the presence of certain genes
- Geography and environment — Researchers study how environmental exposures and genes interact. Geography alone cannot establish an individual's risk or diagnosis.
- Age — Type 1 is often first recognized in childhood or young adulthood. An adult with new symptoms also needs assessment. Age alone cannot distinguish one type of diabetes from another.

Type 2 diabetes is the most common type. Cells do not respond well to insulin and, over time, the pancreas may be unable to make enough to keep blood sugar in range. Family history, activity, body weight and other factors can affect risk.

Type 2 diabetes risk factors are much more defined than those for type 1 diabetes and include:

- Higher body weight
- Inactivity
- Family history
- Race — African Americans, Hispanics, American Indians and Asian-Americans are at higher risk of developing type 2 diabetes
- Age — risk increases with age
- Gestational diabetes
- Polycystic ovary syndrome
- High blood pressure
- Abnormal cholesterol

Though they account for only 1%-5% of all cases, there are also a few rare kinds of diabetes that can be caused by diseases of the pancreas, certain surgeries, medications or infections.

With prediabetes, glucose is above the usual range but below the threshold for diabetes. Many people have no noticeable symptoms, so testing matters. Increased thirst, frequent urination, fatigue, blurry vision, unintentional weight loss, slow-healing sores or frequent infections warrant medical advice. Type 2 diabetes may develop gradually. Symptoms of type 1 diabetes can become severe quickly.

Symptoms of diabetes in women are similar to those observed in men, but there are some that are unique to women, including vaginal and oral yeast infections, vaginal thrush, urinary infections and polycystic ovary syndrome. In addition to the more general diabetes symptoms, signs of diabetes in men include low testosterone, erectile dysfunction and decreased sex drive.

Diabetes Complications

Complications of diabetes become more prevalent and severe with time. If a person has diabetes and irregular or high blood sugar for a long period of time, eventually the complications may become disabling or possibly even life-threatening.

Some of these complications include:

- Cardiovascular disease — Those with diabetes have a significantly higher risk of developing cardiovascular problems, including heart attacks, strokes and coronary artery disease with chest pain.
- Nerve damage — High blood sugar can damage the walls of the capillaries that nourish the nerves. Diabetic neuropathy can cause tingling, numbness, burning or pain, usually beginning in the toes or fingers and gradually spreading.
- Kidney damage — Diabetes can damage the blood vessel clusters that enable the kidney to filter waste from a person's blood. Severe kidney damage can lead to kidney failure.
- Diabetic ketoacidosis — This life-threatening complication of diabetes occurs when a person's body starts breaking down fat too quickly, causing the blood to become acidic.
- Eye damage — Diabetic retinopathy occurs when diabetes causes damage to the blood vessels of the retina, which can potentially cause blindness. Diabetes can also be linked to other eye conditions like cataracts and glaucoma.
- Foot damage — In addition to diabetic neuropathy, which often occurs in the feet, cuts and blisters can develop into serious diabetic foot infections, which often heal poorly and can require amputation.
- Alzheimer's disease — Long-term irregularities in blood sugar have been linked to an increased risk of Alzheimer's disease.
- Skin conditions
- Hearing impairment
- Depression

Diabetic shock occurs when a person has severe hypoglycemia (or low blood sugar). It can have serious symptoms like loss of consciousness, trouble speaking, seizures and even diabetic coma, and requires immediate medical evaluation. Hypoglycemia can happen rapidly and may even occur despite a person's compliance with their diabetes care plan.

What Is The Best Path To Recovery From Diabetes Complications?

Diabetes can affect healing, circulation, nerves and the kidneys. When another illness or injury changes eating or activity, medicines and blood sugar monitoring may need adjustment. Ask which problems need hospital treatment and which can be followed in clinic.

Examples of needs that can affect the rehabilitation plan include:

- Cardiovascular changes
- Diabetic foot infection or ulcers
- Diabetic retinopathy
- Hypertension
- Amputation
- Diabetic nephropathy
- Diabetic neuropathy

Insulin needs may change during illness. A clinician may prescribe background insulin and doses matched to meals or corrections. Ask the prescriber to reconcile hospital instructions with the medicines and supplies you have at home.

A diabetes plan may draw on several disciplines. Discuss these supports with the treating team:

- Nutrition therapy and education from a registered dietitian
- Healthy lifestyle training for weight reduction and stress relief
- Exercise supervised by physical therapists
- Disease management education to minimize future risk of diabetes complications
- Instruction in self-management strategies such as:
- Blood sugar monitoring
- Hypo- and hyperglycemia symptom recognition
- Medication management
- Insulin pump management
- Consistent carbohydrate meal planning
- Monitoring of insulin and other medication regimens by a clinical pharmacist, to prevent negative medication interactions

When diabetes and kidney or heart disease are present together, a change in one treatment can affect the others. Confirm who will review glucose readings, kidney function and medicine changes and how you will receive updates.

Archived recovery account

This account describes care in an earlier setting. The course, timing and outcome belong to that individual.

The patient loves to ride his motorcycle, swim and fish, and spend time with his family. His friends and family lovingly call him an affectionate nickname and he is also known as an avid sign collector and camper. The patient was traveling when he was found unconscious in his car over 100 miles from his home after having run out of gas. The good Samaritan who discovered him immediately called for help and the patient was rushed to a general hospital. Doctors diagnosed him with acute diabetes and high blood pressure and

found that he also had an abscess in his back that had become infected. The patient began to receive treatment to stabilize his condition and began to recover quickly.

His rapid progress allowed him to be transferred to the treating hospital to receive rehabilitation therapy and wound care so he could return home. When he first arrived he needed moderate assistance for mobility and his daily needs from his caregivers and therapists as his balance had been affected and he had yet to regain his full strength after his episode. The patient was eager to get better and he applied himself to all of his therapies with a positive attitude and looked forward to all his rehab gym sessions with his physical and occupational therapists. Working together with his team he exceeded all his goals and was able to be discharged from the treating hospital walking on his own and fully independent once again.

The patient credited the person who summoned help, the family who stayed involved and the care team who made him feel valued.

Resources:

Further reading on this topic — https://medlineplus.gov/diabetes.html

The National Institute of Diabetes and Digestive and Kidney Diseases explains low blood glucose, early warning signs, treatment planning and why a severe episode needs immediate help. https://www.niddk.nih.gov/health-information/diabetes/overview/preventing-problems/low-blood-glucose-hypoglycemia

The National Institute of Diabetes and Digestive and Kidney Diseases covers daily diabetes management, blood glucose monitoring and follow-up for complications. https://www.niddk.nih.gov/health-information/diabetes/overview/managing-diabetes

Patient information — https://www.cdc.gov/diabetes/about/index.html

Talk with Lakeview

For questions about a possible stay, call Lakeview Admissions at (262) 534-8509. During a stay, ask the bedside nurse who can help with your question.

https://www.lakeviewsystem.com/long-term-acute-care

https://www.lakeviewsystem.com/outpatient-clinic