

ASK A Doc

■ BY BRET KUEBER, M.D.

Type 2 diabetes, an epidemic of great proportion

Diabetes Awareness Month happens every November. It's an opportunity for us to help raise awareness of the disease, talk about ways to manage – and prevent – it, and share the latest advances that could help patients, families and communities live better. The Centers for Disease Control and Prevention (CDC) declared diabetes an epidemic almost 30 years ago. Today, diabetes not only remains a major public health issue, but it's on the rise.

Bret Kueber, M.D., of the Boca Grande Health Clinic, addresses diabetes – what it is, who's most at risk, and how to manage and prevent it. This is Part 1 of a special two-part Ask a Doc on diabetes. In Part 2, Dr. Kueber discusses treatment options and the close link between diabetes and your body's organs.

What is diabetes?

Diabetes is a disease that affects how your body turns food into energy. You may have heard diabetes being called the "sugar disease" – and for good reason. Your body breaks down the food you eat into sugar (glucose), which the pancreas turns into a hormone called insulin. As your blood sugar goes up, your pancreas releases insulin into your bloodstream, which your body's cells use to create energy.

With diabetes, your body either doesn't make enough insulin, or your body's cells stop responding properly to insulin. When this happens, glucose stays in your bloodstream, and this becomes a very serious issue. Over time, abnormally high sugar levels can cause serious damage to the heart, blood vessels, eyes, kidneys and nerves.

Is diabetes the same for everyone?

There are two types of diabetes – Type 1 and Type 2. They are both serious, but in different ways. If you have Type 1 diabetes, you can't make any insulin at all, and you will need to take insulin every day to survive. Type 1 is less common than



Type 2 diabetes, and it's treated very differently.

For the purposes of this article, I will focus on Type 2 diabetes, which the American Diabetes Association reports about 37 million people in the U.S. have. 1.4 million Americans are diagnosed each year.

But what about prediabetes?

In addition to the millions of people who have Type 2 diabetes, there are estimated to be 96 million who have prediabetes. That's more than one in three people in the U.S. People who have prediabetes have blood sugar levels that are higher than normal but not yet high enough for a diagnosis of Type 2 diabetes. If you're a glass-half-full type of person, you might consider prediabetes a gift. It's a warning sign – and an opportunity to prevent Type 2 diabetes.

How would I know if I have diabetes or prediabetes?

There are some warning signs to look out for:

- Urinate (pee) a lot, often at night
- Are very thirsty
- Lose weight without trying
- Are very hungry
- Have blurry vision
- Have numb or tingling hands or feet
- Feel very tired
- Have very dry skin
- Have sores that heal slowly
- Have more infections than usual

If you have any of these symptoms, you should see your doctor about getting your blood sugar tested.

Who is most likely to get diabetes?

If you are overweight, 45 years or older, have a parent or sibling with Type 2 dia-

betes, and you're physically active less than three times a week, your chances are pretty good that you are prediabetic or have Type 2 diabetes. Obesity, an underlying cause of insulin resistance, is a major risk factor. In addition, if you developed gestational diabetes (diabetes during pregnancy) or gave birth to a baby who weighed more than 9 pounds, your risk for diabetes is high. Race is a factor as well. If you're of African-American, Asian-American, Latino/Hispanic-American, Native American or Pacific-Islander descent, you have a greater chance of developing diabetes.

How is diabetes diagnosed?

Testing for diabetes or prediabetes can be done at the Boca Grande Health Clinic. We'll do a simple blood test to measure your average blood sugar levels over the past two to three months. That will give us your baseline A1C number, which tells us how well your blood sugar is controlled in your body. A normal A1C level is 5.6 percent or below. A level of 5.7 percent to 6.4 percent indicates prediabetes. An A1C level of 6.5 percent or above indicates diabetes.

The A1C test is a normal part of an annual physical for people over 45. If you're diagnosed with diabetes, you should take an A1C test at least twice a year and sometimes more frequently, as indicated by your doctor.

There are other tests used to diagnose prediabetes. The fasting blood sugar test measures blood sugar after an overnight fast. A result of 100-125 mg/dL indicates prediabetes. The glucose tolerance test measures blood sugar before and after drinking a glucose liquid. A result of 140-199 mg/dL indicates prediabetes.

How bad is it to have diabetes? I know a lot of people who have it and they seem just fine.

Diabetes is serious business. More than 100,000 Americans die from complications of diabetes each year, and the risk of death with diabetes rises very significantly with age. People with Type 2 diabetes typically live six years less than those without diabetes. Diabetes doesn't have to be a life sentence. The good news is that Type 2 diabetes can be prevented or delayed with healthy lifestyle changes. And diabetes treatments and medicines have advanced so where needed, there are drugs to help manage diabetes. I'll talk more about treatment options in Part 2, so

stay tuned.

Can my diabetes be managed without drugs?

Conventional thinking used to be that the best you could do for diabetes is to control it – and that often meant lifelong dependence on medications. In Part 2, I'll talk about why conventional treatments don't always work.

But I want everyone to know something very important. It is possible to manage – and prevent – diabetes without resorting to medicine. And in some cases, you can actually reverse it! It's actually quite simple (but not always easy). In a lot of cases, diabetes is vastly affected by what you do and what you eat.

Weight loss is a key strategy to reverse prediabetes. Sometimes only minor changes in what you eat, minimal weight loss and increased exercise can stave off diabetes. I've seen patients achieve tremendous progress when they understand what they are putting into their bodies and doing (or not doing) to their bodies.

A great way to get sugar out of your body is to not put it there in the first place. Stick to whole, natural, unprocessed foods. Eat a diet low in refined carbohydrates, moderate in protein, and high in natural fats. With continuous glucose monitoring (CGM), it's now easy to discover how your body responds to what you eat. You've probably seen television ads for these new devices that look like a puck stuck on your arm. Instead of finger sticks, CGMs use small sensors on the skin to continuously measure glucose levels. A patient of mine told me how surprised she was to find a spike in her glucose when she took a reading about an hour after eating a small and what she thought of as a healthy breakfast of white toast with a little butter. So this is a great tool to help her make small changes to the things in her direct control.

Intermittent fasting, where you don't eat for a period of time daily (or weekly), is another very good consideration. It works by prolonging the period when your body has burned through the calories consumed during your last meal and begins burning fat. It can help prevent or delay the onset of Type 2 diabetes for some.

Make exercising a priority. Resistance and aerobic exercising will help you shed pounds and maintain a healthy weight. And you get the extra benefits of increasing bone density, balance and flexibility – which are needed more than ever as you age.

Now, I'm not saying that drugs to help control diabetes are bad or never indicated. Insulin has been around for over 100 years and is still in use today, and there have been tremendous advancements in diabetes drugs in the last five to 10 years. Today's medications are far more targeted for specific diabetes issues. I'll talk more about the latest medicines for diabetes in Part 2 of this special look at diabetes.

Do you have a question for us? If so, please send questions to the Clinic at bghc.org/contact or to the Boca Beacon and we will answer them.

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