

DIABETES FACT SHEET

Developed by the National Alliance for Hispanic Health

What Is Diabetes?

Diabetes is a disease that occurs when your body cannot use sugar (glucose) properly. It is not that you have too much sugar, but rather that your body cannot use the sugar that you take in. Instead of being used properly by the cells in your body, the sugar remains in your bloodstream.

A hormone called insulin, which is naturally produced by the pancreas in a healthy body, plays a critical role in the body's ability to use sugar. The pancreas releases insulin into the bloodstream, which carries it throughout the body. Once insulin arrives where it needs to go, it acts as a gatekeeper, allowing the sugar to enter the cells and provide the fuel they need to function. When a person has diabetes, there are problems with this process.

What Are the Three Types of Diabetes?

Type 1 Diabetes (Insulin Dependent Diabetes Mellitus, IDDM, or juvenile diabetes) usually starts during childhood or adolescence and accounts for approximately five to ten percent of all cases of diabetes. Because insulin production is virtually nonexistent, insulin injections are usually required. Specific risk factors for this type of diabetes are unclear.

Type 2 Diabetes (Non-Insulin Dependent Diabetes Mellitus, NIDDM) accounts for approximately 90 to 95 percent of all cases of diabetes. This is a more controllable form of diabetes that usually occurs in adults ages 40 and above. However, in recent years, Type 2 diabetes has been diagnosed at younger ages, including childhood and adolescence. Type 2 diabetes is more common in women than in men and is almost always found in individuals who are overweight.

Gestational Diabetes: Between two to five percent of pregnant women develop a temporary form of diabetes known as gestational diabetes. This occurs among Hispanic women almost twice as often as among non-Hispanic women. Women who have had gestational diabetes are at risk for the development of Type 2 diabetes later in life.

What Are the Risk Factors for Type 2 Diabetes?

The major risk factors associated with Type 2 diabetes are:

- Being over the age of 45.
- Being overweight.
- Having a close family member (like a parent or sibling) who has or has had diabetes.
- Having had diabetes when you were pregnant.

Can We Prevent Diabetes?

Recent studies point to the fact that moderate diet and physical activity can delay and possibly prevent Type 2 diabetes. The best way to deal with diabetes is to try to prevent it, which is most easily done with Type 2 diabetes. Although its causes are not well understood, insufficient physical activity and being overweight are the greatest risk factors. Therefore, to the extent that we are physically active on a regular basis and maintain a healthy weight, we can do a great deal to block the appearance of this disease. If diabetes appears despite these efforts, we should understand that many of the complications of diabetes can be prevented by paying careful attention to how we take care of ourselves and by working closely with our health care providers. With diabetes, almost more than any other disease, our attitude day by day will determine how the disease will affect the quality of our lives.

What Are the Symptoms of Diabetes?

- Urinating often.
- Being very thirsty.
- Feeling very hungry.
- Feeling very tired.
- Losing weight without trying.
- Having sores that are slow to heal.
- Having dry, itchy skin.
- In women, genital itching and fungal infections (vulvovaginitis).
- Losing feeling in your feet or having a tingling feeling in your feet.
- Blurry vision.

Why Is Early Detection So Important?

Hispanics are more likely than the general population to get diabetes. It is estimated that five percent of Hispanics between the ages of 20 and 44 have diabetes, and that about 20 percent of Hispanics between the ages of 45 and 74 have diabetes. Diabetes is serious, but it is a highly manageable chronic condition. However, half of all Hispanics with diabetes have not been diagnosed. When diabetes is undiagnosed or untreated, many long-term complications follow. These include cardiovascular disease, stroke, hypertension, blindness, kidney disorders, loss of sensation in the feet and legs, and amputations.

How Is Diabetes Diagnosed?

First, your health care provider will conduct a screening test to see if you have more glucose in your blood than your body can process. This is usually done through the simple pricking of a finger to obtain a drop of blood. If the result is positive, your health care provider will want to administer more specific diagnostic tests. The three best-known tests for diabetes are the fasting plasma glucose test (the preferred test for diagnosing Type 1 or Type 2 diabetes), the random plasma glucose test, and the oral glucose tolerance test (only for gestational diabetes).

What Is Involved in the Treatment of Diabetes?

The goal of diabetes treatment is to keep your blood glucose levels as normal as possible. Daily monitoring of blood glucose levels is essential. Your health care provider may ask you to monitor yourself several times a day to help determine how different foods, activities, emotions, and thoughts make your blood glucose levels fluctuate.

A successful treatment approach requires special care from a well-trained medical team, psychosocial support, and self-management education plans. Appropriate physical activity, healthy eating, and following self-care guidelines are elements that complement the therapeutic regimen to manage blood glucose levels for both types of diabetes.

While it is not clear what impact smoking has on diabetes, we do know that people with diabetes who smoke are more likely to get heart disease than people with diabetes who do not smoke. Persons with diabetes should avoid smoking. Additionally, Type 1 diabetes requires daily insulin supplied by injection or pump infusion to regulate glucose levels. Many people with Type 2 diabetes may also need to take oral medication and/or insulin to bring their glucose levels close to normal range.

Additional Resources

American Association of Diabetes Educators

1.800.832.6874, <http://www.aadenet.org/>

American Diabetes Association, Diabetes Information and Action Line

1.800.DIABETES (1.800.342.2383) (bilingual staff available), <http://www.diabetes.org>

Juvenile Diabetes Foundation International

1.800.JDF.CURE (1.800.533.2873), <http://www.jdf.org>

National Diabetes Education Program

1.800.438.5383, <http://ndep.nih.gov>

National Diabetes Information Clearinghouse

1.800.860.8747, <http://www.niddk.nih.gov/health/diabetes/ndic.htm>

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