

## **Article for patients about the risk of Type 2 diabetes and its complications**

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So who is at risk of type 2 diabetes? We hear a lot about this in the media today and may know family or friends who have developed the condition. Are we well prepared to understand our risks of developing today's lifestyle disease or if we do develop it, do we understand what it means and what is required for best management of a life long condition. And no, it is not "just a touch of sugar, doctor" as some of my patients have professed when I first meet them. It is a serious disease and those who think it is only mild often become complacent and forget to do the basics to prevent it from becoming a major problem.

Our risk of diabetes is related to a number of preventable and non-preventable issues. The ones we cannot change are our age and our genetic predisposition to the illness. As our age increases over 50 our risk increases, and if we have one parent with type 2 diabetes, then we will have a 1 in 3 chance of developing it and if 2 parents, the risk is about a 3 in 4 chance. Women who had gestational diabetes during pregnancy are at greater risk of developing diabetes after age 50.

Our preventable factors for type 2 diabetes are:

- Weight and Body Mass Index (which relates our height to our weight) BMI calculators are available by searching with Google. A BMI more than 30 is officially obese and is a risk factor for diabetes
- Waist circumference more than 80 cm for women and 94 cm for men
- Levels of physical activity-low levels are a risk. This means less than 30 minutes per day of moderate activities such as walking, riding, gardening or swimming
- Medications such as cortisone put people at risk if taken for prolonged periods, as well as some medications used to treat schizophrenia and major depression-ask your GP more about these medications.
- Food intake is a risk. Too much food of any type, but especially if high in fats and simple sugars is a risk factor for diabetes

So if you have type 2 diabetes, what is important in looking after yourself?

Knowledge is hugely important. Knowledge about the disease itself, its treatment using both medication and "lifestyle prescription" and also what questions to ask your treating doctor. Learning to measure your own blood sugar level and keeping a long term record in a book or on an excel spreadsheet is very important for you to understand your disease and the impact of food and exercise on blood sugar levels.

All people with a chronic health condition should learn to be familiar with "Self management" concepts. This empowers people to take control of their health condition and gets them to ask more questions. Information on this topic and self management courses can be found at Diabetes SA ((08) 8234 1977) or at Arthritis SA (08) 8379 5711.

Additionally, you should understand diabetes needs a "cycle of care" as a chronic health condition. What does this mean? Imagine it is like the car service. There are various items on a check list which need reviewing on a regular basis, some more often than others.

- Have your weight checked at every visit to your GP
- Have your blood pressure checked at least every 6 months
- Have a morning urine sample checked once per year for microalbumin levels. This is an indicator of early kidney damage from diabetes. The normal level is less than 20mcg/ml. Levels more than this indicate some early damage to the kidney's filter systems and should be repeated. If persisting elevated, then a 24 hour collection of urine for microalbumin levels should occur to confirm. If this is confirmed as being raised treatment should be commenced. This is taking a medication called an ACE inhibitor medication, which lowers blood pressure throughout the body and takes pressure of the filter system of the kidneys. Elevated microalbumin levels in people with diabetes are linked with a greater risk of heart attack, eye disease and also kidney failure, so it is a very important check to have done. Unfortunately many people in Australia are missing out on this crucial test every year, so please ask for it to be done and for it to be acted upon if the level is even slightly raised!
- Hba1c or glycated hemoglobin level once per year. This is a measurement of your rough average blood sugar over the previous 3 month and should be less than 7.0%. Levels more than 7.0% are linked to more complications from diabetes such as heart attack, stroke, blocked arteries in the legs and eyes and nerve damage in the legs and other parts of the body.
- Total cholesterol plus the subfractions known as triglycerides, LDL, HDL should be measured on an annual basis. The cholesterol level should be 4.0 or less and this very low target level has decreased over the past 2 years. This is because diabetes has such a strong link to heart attack and the research now suggests treat cholesterol aggressively early to prevent heart attack.
- Eye check are needed every 2 years with an optometrist or ophthalmologist, and more frequently if there is any sign of early damage to the blood vessels at the back of the eye known as the fundus. This examination requires you to have drops put in your eyes to dilate the pupil to maximize the examination of the back of the eye. Some optometrists are now taking digital photographs of the eye and do not require the eye drops to dilate the eye.
- Foot check twice per year. This involves your GP or practice nurse checking the condition of your toes (ingrown, too long, fungal infections, sharp edges), the pulses of the major arteries of the lower limbs, the sensation of the feet, using a piece of nylon filament (not needles like the old days!!) a tuning fork and also a check of the knee and ankle reflexes. Looking for ulcers, sores, split skin, calluses which indicate pressure areas,
- If you are a bloke, an annual discussion on your erections should occur as well as asking about your general urinary or "waterwork" symptoms to assess any concerns about prostate problems or bladder and kidney infections. Men with diabetes are more likely to experience "erectile dysfunction" which is another term for impotence
- Yearly visit for flu vaccination should occur no matter what your age is

So readers, the challenge is to go out into the world armed with knowledge about your disease, which may have an affect on you life, and take control. You are the ones who wake up with it every morning, so it is vital you have the knowledge about what you require to manage diabetes and to prevent complications, which will impact upon your life in the short and long term.

More information is available at Diabetes SA ([www.diabetessa.com.au](http://www.diabetessa.com.au)) and also by visiting your local GP, many of whom now have practice nurses trained to manage the recall systems and basic clinical checks required for better management of diabetes.