



# What is

---

# diabetes?

Diabetes is the name given to a group of different conditions in which there is too much glucose in the blood. Here's what happens:

- The body needs a special sugar called glucose as its main source of fuel or energy. The body makes glucose from foods containing carbohydrate such as vegetables containing carbohydrate (like potatoes or corn) and cereal foods (like bread, pasta and rice) as well as fruit and milk.
- The glucose is carried around the body in the blood and the glucose level is called glycaemia (glyc = glucose; aemia = in the blood). The glucose level must be neither too high nor too low, but just right.
- The glucose running around in the blood stream now has to get out of the blood and into the body tissues. It's the cells in the body tissues that actually do the work – brain cells so you can think, heart cells so you can pump blood and muscle cells so you can walk. Glucose is also stored in the liver, like you would store food items in the kitchen pantry.
- This is where insulin enters the story. Insulin is a hormone made by the pancreas, a gland sitting just below the stomach. Insulin opens the doors (the glucose channels) that let glucose go from the blood to the body cells where energy is made.
- This process is called glucose metabolism.
- In diabetes, the pancreas either cannot make insulin or the insulin it does make is not enough and cannot work properly.
- Without insulin doing its job, the glucose channels are shut. Glucose builds up in the blood leading to high blood glucose levels which causes the health problems linked to diabetes.

## Are there different types of diabetes?

Yes. There are two main types of diabetes – Type 1 and Type 2. For Type 2 diabetes there are also three known pre-diabetic conditions.

### Type 1

This used to be called insulin dependent diabetes or juvenile diabetes. However this was confusing as many mature people with Type 2 diabetes need insulin to manage their diabetes.



## What is diabetes? continued

---

While Type 1 diabetes can and does occur at any age, it usually affects children and young adults. It is the least common form of diabetes, with just 10-15% of all people with diabetes having Type 1 diabetes.

In Type 1 diabetes, the pancreas cannot produce insulin because the cells that actually make the insulin have been destroyed by the body's own immune system. This insulin must be replaced. Therefore people with Type 1 diabetes must have insulin every day to live. While insulin can only be injected at this time, other ways of getting it may be possible in the future.

### Who is most likely to get Type 1 diabetes?

We don't yet know the exact cause of Type 1 diabetes but we do know it has a strong family link. However it can only occur when something such as a viral infection triggers the immune system to destroy the insulin-making cells in the pancreas. This is called an autoimmune reaction.

While the cause of Type 1 diabetes has nothing to do with lifestyle, a healthy lifestyle is very important in helping to manage the condition.

### Can Type 1 diabetes be prevented or cured?

While a great deal of research is being done, at this stage nothing can be done to prevent or cure Type 1 diabetes.

## Type 2

This used to be called non-insulin dependent diabetes or mature-age onset diabetes. It is by far the most common form, affecting 85-90% of all people with diabetes. While it usually affects mature adults, more and more younger people, even children, are getting Type 2 diabetes.

Type 2 diabetes is a lifestyle disease and is strongly associated with high blood pressure, high cholesterol and the classic 'apple shape' body where there is extra weight around the waist.

Unlike those with Type 1, people with Type 2 diabetes are always insulin resistant. This means that their pancreas is making insulin but the insulin is not working as well as it should, so it must make more. Eventually it can't make enough to keep the glucose balance right.

Adopting a healthy lifestyle may delay the need for tablets and/or insulin. However it is important to know that when you do need tablets and/or insulin, this is just the natural progress of the disease. By taking tablets and/or insulin as soon as they are needed, complications caused by diabetes can be reduced.

---

## Who is most likely to get Type 2 diabetes?

While there is no single cause for developing Type 2 diabetes, there are well-known risk factors. Some of these can be changed and some cannot.

### Risk factors which cannot be changed

People who are most likely to get Type 2 diabetes often have these risk factors:

- A family history of diabetes.
- Age – the risk increases as we get older.
- Are Aborigines or Torres Strait Islanders.
- Are from ethnic backgrounds more likely to have Type 2 diabetes such as Melanesian, Polynesian, Chinese or people from the Indian sub-continent.
- Women who have:
  - given birth to a child over 4.5kgs (9lbs) or had gestational diabetes when pregnant.
  - a condition known as Polycystic Ovarian Syndrome.

### Risk factors which can be changed

- |   |  |
|---|--|
| <ul style="list-style-type: none"><li>• Lifestyle<ul style="list-style-type: none"><li>– level of physical activity</li><li>– the type of food we eat</li></ul></li></ul> | <ul style="list-style-type: none"><li>• Weight</li></ul>         |
|   | <ul style="list-style-type: none"><li>• Blood pressure</li></ul> |
|   | <ul style="list-style-type: none"><li>• Cholesterol</li></ul>    |
|   | <ul style="list-style-type: none"><li>• Smoking</li></ul>        |

## Can Type 2 diabetes be prevented?

Yes. People at risk of Type 2 diabetes can delay and even prevent getting it by following a healthy lifestyle. This includes regular physical activity, making healthy food choices and not putting on a lot of weight, especially if they have been told that they have a pre-diabetic condition.

## What are the pre-diabetic conditions linked to Type 2 diabetes?

There are three common conditions linked to developing Type 2 diabetes – Impaired Fasting Glucose (IFG), Impaired Glucose Tolerance (IGT) and diabetes during pregnancy, called gestational diabetes.



---

## 1 Impaired Fasting Glucose (IFG)

This condition is diagnosed when the fasting\* blood glucose level (usually blood is taken from the arm) is higher than normal but after a sweet drink (Oral Glucose Tolerance Test) the level is not high enough to be called Impaired Glucose Tolerance or diabetes.

## 2 Impaired Glucose Tolerance (IGT)

This condition is diagnosed when the fasting\* blood glucose level is higher than normal, even higher after the Oral Glucose Tolerance Test but still not high enough to be called diabetes.

### Who is most likely to get Impaired Fasting Glucose or Impaired Glucose Tolerance?

These two pre-diabetic conditions are most common in people who have a family history of Type 2 diabetes, are inactive and overweight. People who carry excess weight around the waistline are at the greatest risk. Like Type 2 diabetes, Impaired Fasting Glucose and Impaired Glucose Tolerance are a result of insulin not working as well as it should because of insulin resistance.

\* 'Fasting' means having nothing to eat or drink for eight hours before the test is done.

## 3 Gestational diabetes

Gestational diabetes occurs during pregnancy and usually goes away after the baby is born. In pregnancy, the placenta makes hormones that help the baby to grow and develop. Gestational diabetes occurs because these hormones also block the action of the mother's insulin. This is called insulin resistance.

The pregnant woman needs extra insulin so the glucose can get from the blood into the cells where it is used for energy. When a woman is pregnant, she needs 2 or 3 times more insulin than normal. If the body is unable to produce this much insulin, diabetes develops. When the pregnancy is over and the woman's insulin needs return to normal, the diabetes usually goes away.

### Who is most likely to get gestational diabetes?

From 3 to 8 % of all pregnant women will develop gestational diabetes around her 24th to 28th week of pregnancy. Those most at risk include women over 30, who have a family history of Type 2 diabetes and are overweight. Aborigines and Torres Strait Islanders are at increased risk as are certain ethnic groups including Indian, Vietnamese, Chinese, Middle Eastern and Polynesian/Melanesian.

Gestational diabetes is diagnosed with a non-fasting Oral Glucose Tolerance Test (OGTT).



## What is diabetes continued

---

### What are the main symptoms of diabetes?

In Type 1 diabetes, symptoms are usually sudden and can be life-threatening, therefore it is mostly diagnosed quite quickly. In Type 2 diabetes, many people have no symptoms at all, while other signs can go unnoticed, being seen as part of 'getting older'. Therefore, by the time symptoms are noticed, the blood glucose level for many people can be very high.

#### Common symptoms include:

• Being more thirsty than usual	• Passing more urine
• Feeling tired and lethargic	• Always feeling hungry
• Having cuts that heal slowly	• Itching, skin infections
• Blurred vision	• Unexplained weight loss (Type 1)
• Gradually putting on weight (Type 2)	• Mood swings
• Headaches	• Feeling dizzy
• Leg cramps	

### How is diabetes managed?

Whether it's Type 1 or Type 2 diabetes, the aim of any diabetes treatment is to get your blood glucose levels as close to the non-diabetic range as often as possible.

For people with Type 1 diabetes, this will mean insulin injections every day plus leading a healthy lifestyle. For people with Type 2 diabetes, healthy eating and regular physical activity may be all that is required at first, sometimes tablets and/or insulin later on.

### What do I aim for and why?

Ideally blood glucose levels are kept as close to the non-diabetic range as possible (between 3.5 and 8 mmol/L). This will help prevent the short-term effects of very low or very high blood glucose levels as well as the possible long-term problems which can affect the eyes, kidneys and nerves. For more information refer to the Blood Glucose Monitoring fact sheet.

Keeping your blood pressure and cholesterol within recommended ranges also helps to prevent problems like heart attack and stroke.



## What is diabetes continued

---

### Who will help me?

A lifelong condition like diabetes is best managed with the support of a diabetes team. You are the most important member of your diabetes team. Others are your doctor, diabetes educator, dietitian and podiatrist. Depending on your needs, the team may also include medical specialists, exercise physiologists and counsellors.

Your team will help you to learn all you need to know about your diabetes. They will be there to support you and with their guidance you will soon become confident about making day to day decisions for a fit and healthy life.

### What are the basics of looking after my own diabetes?

#### There are many steps you can take:

- Link up with the diabetes team in your area. Your doctor may need to refer you, but this is not always necessary.
- Test your blood glucose levels regularly.
- Always take your insulin (for those who require it).
- If your doctor gives you tablets to help manage your Type 2 diabetes, blood pressure and/or cholesterol, be sure to take them.
- Be as active as you can as often as you can.
- Have a healthy eating plan.
- Keep a positive mental attitude.
- Don't be afraid to ask for help as soon as you feel you need it.

#### Would you like to join Australia's leading diabetes organisation?

- Product discounts
- Dietary services
- Free magazines
- Support groups
- Educational literature
- Children's services

**For more information phone 1300 136 588**

**Website: [www.diabetesaustralia.com.au](http://www.diabetesaustralia.com.au)**

**Multilingual information: [www.multilingualdiabetes.org.au](http://www.multilingualdiabetes.org.au)**

Photocopying this publication in its original form is permitted for educational purposes only. Reproduction in any other form without the written permission of Diabetes Australia (National Publications Division) is prohibited.