

Toolbox Talks

National Diabetes Awareness Month Part 1

NOVEMBER IS NATIONAL DIABETES AWARENESS MONTH

America is facing an epidemic of diabetes, a serious disease that damages bodies & shortens lives. In the next four decades, the number of U.S. adults with diabetes is estimated to double or triple, according to CDC scientists. That means anywhere from 20-33% of adults could have the disease. About 1 in 9 adults have diabetes now. If you already have diabetes, managing the disease can lower your risk of complications such as kidney failure, heart disease & stroke, blindness, & amputations of legs & feet. Diabetes is a disease that touches many lives. Nearly all of us can say that we know someone who is affected by diabetes, whether it's a close family member, co-worker, or even simply a friend of a friend. Each year, National Diabetes Awareness Month, which takes place in November, offers people a chance to communicate the seriousness of diabetes and the importance of managing the disease.

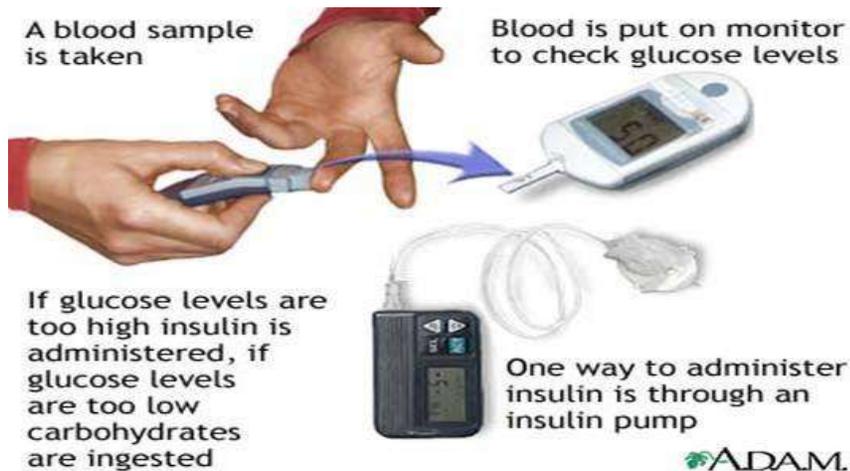
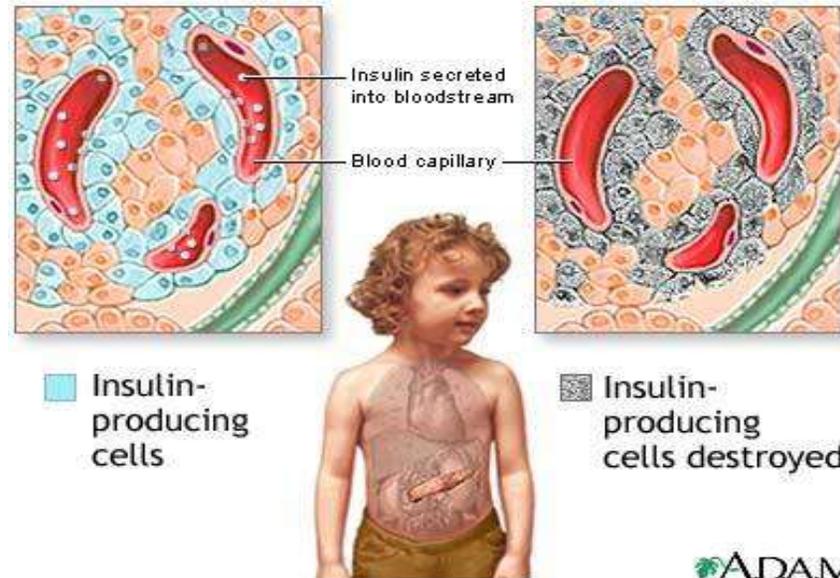
DIABETES FACTS:

- Diabetes is a disease in which the body does not produce or properly use insulin. Insulin is a hormone that is needed to convert sugar, starches, & other food into energy needed for daily life. The cause of diabetes continues to be a mystery, although both genetics & environmental factors such as obesity & lack of exercise appear to play roles.
- There are 23.6 million children & adults in the United States, or 7.8% of the population, who have diabetes. While an estimated 17.9 million have been diagnosed with diabetes, unfortunately, 5.7 million people (or nearly one quarter) are unaware that they have the disease.
- In order to determine whether or not a patient has pre-diabetes or diabetes, health care providers conduct a Fasting Plasma Glucose Test (FPG) or an Oral Glucose Tolerance Test (OGTT). Either test can be used to diagnose pre-diabetes or diabetes. The American Diabetes Association recommends the FPG because it is easier, faster, & less expensive to perform.

- With the FPG test, a fasting blood glucose level between 100 & 125 mg/dl signals pre-diabetes. A person with a fasting blood glucose level of 126 mg/dl or higher has diabetes.
- In the OGTT test, a person's blood glucose level is measured after a fast & two hours after drinking a glucose-rich beverage. If the two-hour blood glucose level is between 140 & 199 mg/dl, the person tested has pre-diabetes. If the two-hour blood glucose level is at 200 mg/dl or higher, the person tested has diabetes.

MAJOR TYPES OF DIABETES:

- Type 1 diabetes:** Results from the body's failure to produce insulin, the hormone that "unlocks" the cells of the body, allowing glucose to enter & fuel them. It is estimated that 5-10% of Americans who are diagnosed with diabetes have type 1 diabetes.



- Type 2 diabetes:** Results from insulin resistance (a condition in which the body fails to properly use insulin), combined with relative insulin deficiency. Most Americans who are diagnosed with diabetes have type 2 diabetes.
- Gestational diabetes:** Immediately after pregnancy, 5-10% of women with gestational diabetes are found to have diabetes, usually type 2.
- Pre-diabetes:** Pre-diabetes is a condition that occurs when a person's blood glucose levels are higher than normal but not high enough for a diagnosis of type 2 diabetes. There are 57 million Americans who have pre-diabetes, in addition to the 23.6 million with diabetes.

NOVEMBER 14, 2012 IS WORLD DIABETES

Toolbox Talks

National Diabetes Awareness Month Part 2

SIGNS & SYMPTOMS OF DIABETES:

- **Type 1 Diabetes:** ◦ Frequent urination ◦ Unusual thirst ◦ Extreme hunger
- Unusual weight loss ◦ Extreme fatigue & Irritability
- **Type 2 Diabetes*:** ◦ Any of the type 1 symptoms ◦ Frequent infections
- Blurred vision ◦ Cuts/bruises that are slow to heal ◦ Tingling/numbness in the hands/feet ◦ Recurring skin, gum, or bladder infections
- *Often people with type 2 diabetes have no symptoms

Note: You may not have any of these symptoms. Many people have diabetes for 5 to seven years or more before noticing these symptoms.

FAMILY & FRIENDS SHOULD BE AWARE OF THE DIABETIC EMERGENCY SYMPTOMS & BE PREPARED:

- If the patient is helpless (but not unconscious), family or friends should administer 3-5 pieces of hard candy, 2-3 packets of sugar, half a cup (four ounces) of fruit juice, or a commercially available glucose solution (A Glucose tube can be found in all the disaster first aid kits supplied to safety committee members & all Plateau stores).
- If there is inadequate response within 15 minutes, additional oral sugar should be provided or the patient should receive emergency medical treatment, including intravenous administration of glucose.
- Family members & friends can learn to inject glucagon, a hormone, which, in contrast to insulin, raises blood glucose.

SOME RISK FACTORS BEYOND YOUR CONTROL:

- Family history of diabetes- parent, brother, or sister with diabetes
- You are over the age of 45
- You are Latino, African American, native American, Asian American, or pacific islander you are at a higher risk of contracting diabetes
- You had diabetes when pregnant or gave birth to a baby weighing more than nine pounds.

WHEN TO SEEK MEDICAL CARE

DIABETIC EMERGENCIES:

The following situations can become 911 medical emergencies & warrant an immediate visit to a hospital emergency department:

- The person with a severe diabetic complication may travel to the emergency department by car or ambulance.
- A companion should go along to speak for the person if the person is not able to speak for himself or herself with the emergency care provider.
- Bring a list of medical problems, medications, allergies to medications, & the blood sugar diary to the emergency department. This information will help the emergency care provider diagnose the problem & treat it appropriately.

THE FOLLOWING ARE SIGNS & SYMPTOMS OF DIABETIC COMPLICATIONS THAT WARRANT EMERGENCY CARE:

- **Altered mental status:** Lethargy, agitation, forgetfulness, or just strange behavior can be a sign of very low or very high blood sugar levels.
 - If the person is a known diabetic, try giving him or her some fruit juice (about 6 ounces) or cake icing if the person is awake enough to swallow normally without choking. Avoid giving things such as hard candy that can lodge in the throat. The healthcare provider can prescribe glucose wafers or gels that melt under the tongue.

- If the person does not wake up & behave normally within about 15 minutes, call 911.
- If the person is not a known diabetic, these symptoms can be signs of stroke, drug intoxication, alcohol intoxication, oxygen starvation, & other serious medical conditions. Call 911 immediately.
- **Nausea or vomiting:** If the patient is known to have diabetes & cannot keep food, medications, or fluids down at all, they may have diabetic ketoacidosis, hyperosmolar hyperglycemic nonketotic syndrome, or another complication of diabetes.
 - If the patient has not already taken the latest insulin dose or oral diabetes medicine, do not take it without talking to a medical professional.
 - If the patient already has low blood sugar levels, taking additional insulin or medication will drive the blood sugar level down even further, possibly to dangerous levels.
- **Fever of more than 101.5°F:** If the primary healthcare provider cannot see the patient right away, seek emergency care for a high fever if they are diabetic. Note any other symptoms such as cough, painful urination, abdominal pain, or chest pain.
- **High blood sugar level:** If the patient's blood sugar level is more than 400 mg/dL, & the primary healthcare provider cannot see them right away. Very high blood sugar levels can be a sign of diabetic ketoacidosis or hyperosmolar hyperglycemic nonketotic syndrome, depending on the type of diabetes you have. Both of these conditions can be fatal if not treated promptly.
- **Large sores or ulcers on the feet or legs:** If the patient has diabetes, a non-healing sore larger than 1 inch in diameter can be a sign of a potentially limb-threatening infection.
 - Other signs & symptoms that merit immediate care are exposed bone or deep tissue in the wound, large areas of surrounding redness & warmth, swelling, & severe pain in the foot or leg.
 - If left untreated, such a sore may ultimately require amputation of the limb.
- **Cuts or lacerations:** Any cut penetrating all the layers of skin, especially on the legs, is a potential danger to a person with diabetes. Proper wound care, although important to anyone's recovery, is especially important in diabetics to assure good wound healing.
- **Chest pain:** If the patient is diabetic, take very seriously any pain in the chest, particularly in the middle or on the left side, & seek medical attention immediately.
 - People with diabetes are more likely than non-diabetic people to have a heart attack, with or without experiencing chest pain.
 - Irregular heartbeats & unexplained shortness of breath may also be signs of heart attack.
- **Severe abdominal pain:** Depending on the location, this can be a sign of heart attack, abdominal aortic aneurysm (widening of the large artery in the abdomen), diabetic ketoacidosis, or interrupted blood flow to the bowels.
 - All of these are more common in people with diabetes than in the general population & are potentially life-threatening.
 - Those with diabetes also get other common causes of severe abdominal pain such as appendicitis, perforated ulcer, inflammation & infection of the gallbladder, kidney stones, & bowel obstruction.
 - Severe pain anywhere in the body is a signal for timely medical attention.