Diabetes

Definition of Diabetes Mellitus:
It is a metabolic disease characterized by high blood sugar as a result of impaired insulin secretion or insulin function, or both.

Types of Diabetes:
Type 1: It is characterized by a lack of insulin secretion and should be treated with insulin
Type 2: It is characterized by relative insufficiency of insulin production and reduced effect of it.

Complications of Diabetes:

Acute complications: diabetic ketoacidosis, hypoglycemia

Long-term complications: complications of small and large vessels (microvascular and macrovascular), ocular complications (retinopathy), sensory and motor neuropathy

Retinopathy: A diabetic microvascular disease characterized by thickening of the capillary basement membrane of the eye. High blood sugar in the long time causes the capillary basement membrane to thicken.

Sensory and Motor Neuropathy: Diabetes may cause peripheral, autonomic, and spinal nerve neuropathy. Sensory motor neuropathy or peripheral nerve neuropathy mostly affects the distal nerves, especially the nerves of the legs, and affects both sides of the body symmetrically.

Clinical Symptoms:

Symptoms of vitreous hemorrhage include spotting and flies in the visual field or sudden changes in vision in the form of blurred vision or complete loss of vision.

Symptoms of Neuropathic Pain include: Paresthesia, burning to intensify sensation, burning sensation, especially at night, legs become numb with the progression of the disease, and it reduces awareness of the position and movements of the body in relation to the position of objects, and reduces superficial touch and leads to uneven steps.

Decreased sensation of pain and temperature occur.

Vulnerable people:

Duration of diabetes more than 10 years, age over 40 years, history of smoking, decreased peripheral pulse, decreased sense of body, anatomical deformities or the presence of pressure areas (such as corns, calluses and hammer fingers), history of previous wounds in Leg or amputation

Almost all type 1 diabetics and more than 60% of type 2 diabetics develop some degree of retinopathy after 20 years.

Note:
Retinopathy is a painless process and is the leading cause of blindness in people aged 20 to 74 years, which occurs in type 1 and type 2 diabetics.

Treatment:

The primary focus of treatment for these patients is primary and secondary prevention.

Controlling high blood pressure, controlling blood sugar, non-smoking

The main treatment for diabetic retinopathy is photocoagulation (photocoagulation) by argon laser. This stops the large growth of new arteries and bleeding from damaged arteries. Optical coagulation treatment is usually done on an outpatient basis, and most patients can resume normal activities the day after the laser.

Treatment of neuropathy depends on the patient's symptoms and prevention (especially prevention of diabetic foot ulcers) plays an important role in the lower extremities.

Nursing Measures:

The patient's education emphasizes that the best way to maintain vision is to have frequent and regular eye examinations and blood sugar control, as this makes it possible to diagnose any retinopathy.

Nursing care for these patients includes the implementation of a unique care plan and training of the patient.

In neuropathy, preventive foot care begins with a thorough daily examination of the foot. The feet should be monitored daily for redness, blisters, fissures, calluses, or sores and changes in skin temperature and the development of deformities (hammer toe and corns).

If you have any questions or ambiguities, call the following number:

023-34222234, Critical Care ward of Motamedi Hospital