



Why is Diabetes Not Regulated in Some Patients?

Dr. Alaa Shamasna*

Corresponding Author: Dr. Alaa Shamasna, Consultant of endocrinology and diabetology – European board.

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Diabetes is a serious chronic disease as a result of high blood sugar level above the normal limit, and this disease is called the silent killer because its complications do not appear on the patient quickly but need a long time to appear and affect the patient's health. These complications include neuropathy, blood vessels, kidneys, retinopathy, and diabetic foot Etc.

The incidence of diabetes is increasing year after year. The proportion of people with type 2 diabetes in the world is estimated at about 90 percent of all diabetics, and the incidence of type 1 is estimated at 5- 10 percent.

Here we do not need to talk about the types of diabetes and its complications, but we would like to talk about a problem that many doctors notice in a good number of patients. The use of more than one diabetes medication, up to three or four, or the use of high units of insulin, but you see the extent of response to treatment and control of the level of sugar in the blood in these patients is few.

This phenomenon is due to several reasons:

First: the patient must fully realize that they suffer from a disease that is considered the disease of the time, and that they should not underestimate it. They receive sound and correct scientific health information about the disease they suffer from and their health condition.

The awareness of the patient makes it easier later on to understand the steps of the treatment, but rather pushes them to have a positive role by participating in dialogue with the doctor in diagnosing their condition and accepting treatment.

Second: The wrong diagnosis of the type of diabetes in some cases, the patient may be young, but their obesity and lifestyle give an indication that they are of the second type, but they are initially treated as the first type, which makes controlling their sugar levels difficult and this requires an accurate diagnosis for each case separately and the development of the appropriate treatment policy for it.

Third: Neglecting the diet and not focusing on it on the part of some patients, thinking that taking modern therapeutic medicines will replace the diet and nutritional balance for diabetics.

This is an important point for the patient to be aware of, because controlling the value of sugar in the blood without a diet may be impossible, especially since it is necessary to change the patient's lifestyle and stay away from mono sugar and drink a lot of water, and that movement and sports in general are part of the required treatment policy.

The diabetic patient must realize that, without that, medication is not enough to control the sugar levels.

Fourth: A diabetic person may develop depression and sadness at the beginning of the diagnosis with this disease, and this may be normal at first, but its continuation in this psychological state is what raises the hormone cortisone, the stress hormone, which makes controlling sugar and its value difficult as well. Here comes the psychological support from the doctor and from parents, family and friends as well, especially if the diabetic is a child to get them out of this condition and return the compass to the right path.

These are some of the main and important reasons that the treating physician should bear in mind before setting the treatment policy, and to communicate with the patient directly, and to have a dialogue with the patient to understand their condition, and not only be limited to diagnosis without explanation and patient awareness of his disease.