

DIABETIC AWARENESS CAMP

We have organized Diabetic awareness camp on world Diabetic Day on dt.14/11/11 at village Samser padar with the following objectives:

1. Awareness raising on diabetic
2. Frequently ask question
3. Its symptoms and its effects on individuals and society
4. Free diabetes checks at such camps helping people know about their health condition.
5. Referral

Diabetes is a silent killer. People are unaware of the symptoms and effects of diabetes. Hundreds die of diabetes even without knowing that they suffer from it. AYAUSKAM has played a vital role in community awareness of the presence of diabetes. We have conducted camps in remote and rural areas where the penetration of quality healthcare is very negligible.

FAQS on Pre Diabetes

Q: What is pre diabetes and how is it different from diabetes?

A: pre diabetes is the state that occurs when a person's blood glucose levels are higher than normal but not high enough for a diagnosis of diabetes. About 11 percent of people with pre diabetes in the Diabetes Prevention Program standard or control group developed type 2 diabetes each year during the average 3 years of follow-up. Other studies show that many people with pre diabetes develop type 2 diabetes in 10 years.

Q: Is pre diabetes the same as Impaired Glucose Tolerance or Impaired Fasting Glucose?

A: Yes. Doctors sometimes refer to this state of elevated blood glucose levels as Impaired Glucose Tolerance or Impaired Fasting Glucose (IGT/IFG), depending on which test was used to detect it.

Q: Why do we need to give it a new name? Has the condition changed?

A: The condition has not changed, but what we know about it has. We are giving IGT/IFG a new name for several reasons. pre diabetes is a clearer way of explaining what it means to have higher than normal blood glucose levels. It means you are likely to develop diabetes and may already be experiencing the adverse health effects of this serious condition. People with pre diabetes are at higher risk of cardiovascular disease. People with pre diabetes have a 1.5-fold risk of cardiovascular disease compared to people with normal blood glucose. People with diabetes have a 2- to 4-fold increased risk of cardiovascular disease. We now know that people with pre diabetes can delay or prevent the onset of type 2 diabetes through lifestyle changes.

Q: How do I know if I have pre diabetes?

A: Doctors can use either the fasting plasma glucose test (FPG) or the oral glucose tolerance test (OGTT) to detect pre diabetes. Both require a person to fast overnight. In the FPG test, a person's blood glucose is measured first thing in the morning before eating. In the OGTT, a person's blood glucose is checked after fasting and again 2 hours after drinking a glucose-rich drink.

Q: How does the FPG test define diabetes and pre diabetes?

A: Normal fasting blood glucose is below 100 mg/dl. A person with pre diabetes has a fasting blood glucose level between 100 and 125 mg/dl. If the blood glucose level rises to 126 mg/dl or above, a person has diabetes.

Q: How does the OGTT define diabetes and pre diabetes?

A: In the OGTT, a person's blood glucose is measured after a fast and 2 hours after drinking a glucose-rich beverage. Normal blood glucose is below 140 mg/dl 2 hours after the drink. In pre diabetes, the 2-hour blood glucose is 140 to 199 mg/dl. If the 2-hour blood glucose rises to 200 mg/dl or above, a person has diabetes.

Q: Which test is better?

A: According to the expert panel, either test is appropriate to identify pre diabetes.

Q: Why do I need to know if I have pre diabetes?

A: If you have pre diabetes, you can and should do something about it. Studies have shown that people with pre diabetes can prevent or delay the development of type 2 diabetes by up to 58 percent through changes to their lifestyle that include modest weight loss and regular exercise. The expert panel recommends that people with pre diabetes reduce their weight by 5-10 percent and participate in some type of modest physical activity for 30 minutes daily. For some people with pre diabetes, intervening early can actually turn back the clock and return elevated blood glucose levels to the normal range.

Q: Will my insurance cover testing and treatment?

A: Because all insurance plans are different, this is a difficult question to answer. However, Medicare and most insurance plans cover diabetes testing for people suspected of having diabetes. People at risk for diabetes are also at risk for pre diabetes. Since the test is the same and the risk factors are the same for both conditions, a pre diabetes test may be covered. It is best to consult your physician and health insurance representative with specific coverage questions.

Q: What is the treatment for pre diabetes?

A: Treatment consists of losing a modest amount of weight (5-10 percent of total body weight) through diet and moderate exercise, such as walking, 30 minutes a day, 5 days a week. Don't worry if you can't get to your ideal body weight. A loss of just 10 to 15 pounds can make a huge difference. If you have pre diabetes, you are at a 50 percent increased risk for heart disease or stroke, so your doctor may wish to treat or counsel you about cardiovascular risk factors, such as tobacco use, high blood pressure, and high cholesterol.

Q: Who should get tested for pre diabetes?

A: If you are overweight and age 45 or older, you should be checked for pre diabetes during your next routine medical office visit. If your weight is normal and you're over age 45, you should ask your doctor during a routine office visit if testing is appropriate. For adults younger than 45 and overweight, your doctor may recommend testing if you have any other risk factors for diabetes or pre diabetes. These include high blood pressure, low HDL cholesterol and high triglycerides, a family history of diabetes, a history of gestational diabetes or giving birth to a baby weighing more than 9 pounds, or belonging to an ethnic or minority group at high risk for diabetes.

Q: How often should I be tested?

A: If your blood glucose levels are in the normal range, it is reasonable to be checked every 3 years. If you have pre diabetes, you should be checked for type 2 diabetes every 1-2 years after your diagnosis.

Q: Could I have pre diabetes and not know it?

A: Absolutely. People with pre diabetes don't often have symptoms. In fact, millions of people have diabetes and don't know it because symptoms develop so gradually, people often don't recognize them. Some people have no symptoms at all. Symptoms of diabetes include unusual thirst, a frequent desire to urinate, blurred vision, or a feeling of being tired most of the time for no apparent reason.

Q: Should children be screened for pre diabetes?

A: We are not recommending screening children for pre diabetes because we don't have enough evidence that type 2 diabetes can be prevented or delayed in children at high risk for the disease. However, a study published in the March 14, 2002, issue of the New England Journal of Medicine found 25 percent of very obese children and 21 percent of very obese adolescents had pre diabetes. If future studies show that early intervention also works for children, a recommendation could be forthcoming.

Symptoms of Diabetes

Diabetes often goes undiagnosed because many of its symptoms seem so harmless. Recent studies indicate that the early detection of diabetes symptoms and treatment can decrease the chance of developing the complications of diabetes.

Type 1 Diabetes

Frequent urination

- ➔ Unusual thirst
- ➔ Extreme hunger
- ➔ Unusual weight loss
- ➔ Extreme fatigue and 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

If you have one or more of these diabetes symptoms, see your doctor right away.

Type 1 Diabetes

Type 1 diabetes is usually diagnosed in children and young adults, and was previously known as juvenile diabetes. In type 1 diabetes, the body does not produce insulin. Insulin is a hormone that is needed to convert sugar (glucose), starches and other food into energy needed for daily life.

Only 5% of people with diabetes have this form of the disease. With the help of insulin therapy and other treatments, even young children with type 1 diabetes can learn to manage their condition and live long, healthy, happy lives.

Type 2 Diabetes

Type 2 diabetes is the most common form of diabetes. Millions of Americans have been diagnosed with type 2 diabetes, and many more are unaware they are at high risk. Some groups have a higher risk for developing type 2 diabetes than others. Type 2 diabetes is more common in African Americans, Latinos, Native Americans and Asian Americans, Native Hawaiians and other Pacific Islanders, as well as the aged population.

In type 2 diabetes, either the body does not produce enough insulin or the cells ignore the insulin. Insulin is necessary for the body to be able to use glucose for energy. When you eat food, the body breaks down all of the sugars and starches into glucose, which is the basic fuel for the cells in the body. Insulin takes the sugar from the blood into the cells. When glucose builds up in the blood instead of going into cells, it can lead to diabetes complications.

Who are prone to Type 2 Diabetes

- ➔ People with impaired glucose tolerance (IGT) and/or impaired fasting glucose (IFG)
- ➔ People over age 45
- ➔ People with a family history of diabetes
- ➔ People who are overweight
- ➔ People who do not exercise regularly
- ➔ People with low HDL cholesterol or high triglycerides, high blood pressure
- ➔ Certain racial and ethnic groups (e.g., Non-Hispanic Blacks, Hispanic/Latino Americans, Asian Americans and Pacific Islanders, and American Indians and Alaska Natives)
- ➔ Women who had gestational diabetes, or who have had a baby weighing 9 pounds or more at birth



