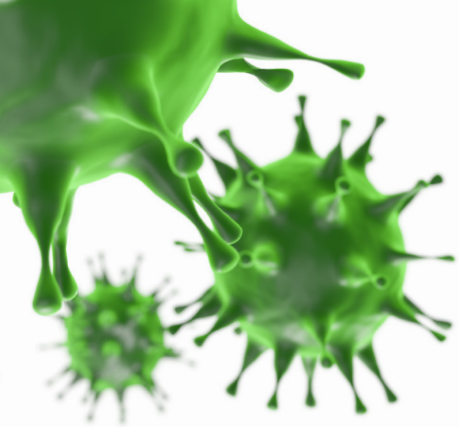

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For Better Health Series (6)

Diabetes Management and COVID-19, Part One

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Despite what the title of this article might suggest, the importance of diabetes management goes beyond improving the body's immunity, which may be one of the consequences to the discipline at these times to many long-term benefits, for several reasons:
First: neglecting diabetes management and chronic diseases has major health effects that may outweigh the corona virus.
Second: this management would reduce many of the diabetes complications of the eye, nerves, kidneys, and even vascular complications, as well as reduce the proportion of infections and improve the quality of life for patients.
Third: perhaps the increased awareness of the current health problems that we are witnessing around the world nowadays would be an opportunity to shed light on the equally important problems that need long-term health plans.
Diabetes is one of the most important chronic diseases that is witnessing a growing steadily, especially in our country due to changes in living and changing lifestyles. With this rapid increase (even more than 20% of adults in some countries) and the high economic cost of it, facing it requires specialized health awareness. And there is no disease more related to the way of life than management and organization, food, movement and sport than diabetes. The real cure for this disease is the patient himself and all that was transformed to him from his doctor or a dietician and others who are counselors and assistants for him no more. Of course, this requires raising the patient's level of knowledge, skills and awareness and enabling him to achieve the correct discipline for his illness.
I will try in this article and later articles to provide my patients who live with diabetes with some advices and methods that help to achieve better results in the control and follow-up of sugar and avoid complications. Of course, this does not substitute their follow up with their doctors, but I hope that it will help them coexist with diabetes and take care of themselves.
How to define diabetes monitoring and what are the indicators of it?
1- Clinical symptoms: severe hyperglycemia leads to several symptoms such as fatigue, thirst, and frequent urination, and hypoglycemia leads to an acute case of sweating, tremors and lack of focus. The frequent occurrence of these symptoms indicates a poor glucose monitoring. Also, some symptoms of diabetes complications such as foot pain with heat, especially at night, may be further evidence of this poor monitoring. But most of the time we cannot rely on these symptoms because they do not exist except in the most severe cases and therefore, they cannot be an accurate indication of diabetes monitoring!
2- Sugar titration with home titration devices: which is the most common and important method because it is a guide for the patient and the doctor on the degree of glucose monitoring and the degree of varying readings (daily differences up and down) and is the basis for adjusting treatment and dosages of drugs or insulin.
Generally, we recommend that those who take insulin with two or more doses per day should titrate the level of sugar several times a day. As for those dealing with oral medications, it may be enough for several times a week, especially when the readings are stable.
I usually advise patients to take readings before meals, before bedtime and sometimes at dawn, but periodically for example once or twice daily with changing times. It is also useful to take some readings two hours after meals as this helps to know the level of sugar during the whole day and thus determine the cause of the increase or decrease.
In general, acceptable readings before meals range from 80 – 140 and two hours after meals from 120 – 180.
3- The cumulative sugar rate (HbA1C): it is advised to have it tested every 3 – 6 months at least, i.e. 2 – 4 times a year because it expresses the level of sugar monitoring for the past three or four months before the test. It is an important indicator but does not replace self-calibration. The normal rate for this test may differ from one laboratory to another, but in general, the goal is for the indicator to be less than 7% and in the elderly and heart diseases patients, the rate of 7 – 8% is considered acceptable.
In part two article, we will look at ways to achieve this monitoring.