

Review on Diabetes Mellitus a Chronic Endocrine Disorder

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ABSTRACT

Diabetes mellitus is an endocrine disease in which sugar levels in blood are high that the body doesn't create enough insulin to meet its issues. Also commonly known as "diabetes" Micturition and thirst are more frequent than normal individuals. Insulin is a peptide hormone secreted by beta cells of the pancreatic islets, it is viewed as the fundamental anabolic hormone of the body. In this review, the types of Diabetes mellitus, symptoms of it, risk factors, Treatment, Diet, are focused in this review. This review is to make aware of Diabetes mellitus. This is a Review study setting, evaluating the types, symptoms, treatment, diagnosis, diet of Diabetes mellitus. Data for the study were collected from search engines like PUBMED, GOOGLE SCHOLAR, MeSH, Cochrane, Semantic scholar. A Total number of 50 articles were searched. Diabetes can be treated and its consequences avoided or delayed with diet, physical activity, medication and regular screening and treatment for complications. But it can't be cured. Diabetes prevalence has been rising more rapidly in developing countries than in developed countries.

Key words: Diabetes mellitus, Blood glucose, Sugar level, Juvenile, Gestation

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INTRODUCTION

Diabetes mellitus is a chronic endocrine disorder where glucose levels are high that the body doesn't create enough insulin to meet its issues. Also commonly known as "diabetes" Micturition and thirst are more frequent than normal individuals [1]. Diabetes harms the nerves and creates issues with sensation. Insulin is a peptide hormone secreted by beta cells of the pancreatic islets, it is viewed as the fundamental anabolic hormone of the body [2,3]. It helps in metabolism of starches, fats and protein by advancing the retention of glucose from the blood into liver, fat and skeletal muscle cells. In these tissues the consumed glucose is changed over into either glycogen through glycogenesis or fats (triglycerides) by means of lipogenesis, or, on account of the liver, into both [3]. In this review, the types of Diabetes mellitus, symptoms of it, risk factors, Treatment, Diet, are focused in this review. This review is to make aware of Diabetes mellitus.

METHODS AND MATERIALS

This is a Review study setting, evaluating the types, symptoms, treatment, diagnosis, diet of Diabetes mellitus. Data for the study were collected from search engines like PUBMED, GOOGLE SCHOLAR, MeSH, Cochrane, Semantic scholar. A Total number of 50 articles were searched. A Total number of 32 articles were selected. A number of articles with known concepts are 7, A Total number of 8 articles with recent updates. Articles related to Diabetes, Articles related to Diabetes mellitus are included. Articles not related to Diabetes are excluded. Period or duration considered for reference articles 2000 to 2020.

TYPES OF DIABETES MELLITUS

There are three primary kinds of diabetes: type 1, type 2 and gestational.

Type 1 diabetes

Type 1 diabetes can come at any age, yet happens most much of the time in kids and young people. Type 1 diabetes is a sickness where the body

doesn't make enough insulin to control glucose levels. Type 1 diabetes was recently called insulin- dependent diabetes or juvenile diabetes. [4]. It happens when a few or the entire insulincreating cells in the pancreas are wrecked. This leaves the patient with practically zero insulin. Without insulin, sugar gathers in the circulation system as opposed to entering the cells. Therefore, the body can't utilize this glucose. Likewise, the elevated levels of glucose that stay in the blood causes frequent micturition and harms the tissues of the body. In type 1 diabetes, the immune system destroys insulin-producing cells (beta cells) in the pancreas [5]. A few people are hereditarily inclined to the illness. That doesn't mean they will fundamentally get the sickness. It just implies that they are bound to do as such. For example, specific viral contaminants or eating regimen, may trigger this immune system ailment in individuals with a hereditary inclination [6]. Type 1 diabetes isn't brought about by the measure of sugar in an individual's eating regimen before the ailment creates. It is a chronic infection. It occurs most normally between ages 10 and 16. Type 1 diabetes similarly influences males and females.

Type 2 diabetes

Type 2 diabetes is progressively normal in old people and represents around 90% of all diabetes cases. Type 2 diabetes is a chronic disease. It is described by significant levels of sugar in the blood. Type 2 diabetes is additionally called type 2 diabetes mellitus and grown-up beginning diabetes. That is used to begin quite often in center and late-adulthood [7]. Nonetheless, an ever increasing number of youngsters and teenagers are building up this condition. Type 2 diabetes is substantially more typical than type 1 diabetes, and is actually an alternate sickness. Be that as it may, it imparts to type 1 diabetes high glucose levels, and the difficulties of high glucose [8]. During assimilation, food is separated into fundamental parts. Starches are separated into basic sugars, basically glucose. Glucose is a basically significant wellspring of vitality for the body's cell. Insulin is a hormone created by the pancreas (for instance, after a supper) [9]. Type 2 diabetes happens when one body's cells oppose the typical impact of insulin, which is to drive glucose in the blood within the cells. This condition is called insulin obstruction. Therefore, glucose begins to develop in the blood. In individuals with insulin obstruction, the pancreas regulates the blood glucose level rising. The pancreas reacts by making additional insulin to keep up an ordinary glucose [10]. After some time, the body's insulin obstruction deteriorates. Accordingly the pancreas makes increasingly more insulin. At last, the pancreas gets depleted. It can't stay aware of the interest for increasingly more insulin. It craps out. Accordingly, blood glucose levels begin to rise. Type 2 diabetes runs in hereditary [10,11].

Gestational diabetes

Gestational diabetes (GDM) is a sort of diabetes that comprises high blood glucose during pregnancy and is related with intricacies to both mother and kid. Gestational diabetes will be diabetes analyzed during pregnancy (development). Like different sorts of diabetes, gestational diabetes influences how one's cell uses sugar (glucose) [12-14]. Gestational diabetes causes high glucose that can influence one's pregnancy and infant's wellbeing. While any pregnancy intricacy is disturbing, there's uplifting news. Eager moms can help control gestational diabetes by eating well nourishments, practicing and, if essential, taking drugs [15]. Controlling glucose can keep the pregnant woman and her foetus prevent troublesome conveyance. In ladies with gestational diabetes, glucose for the most part comes back to typical not long after conveyance. However, on the off chance that one have had gestational diabetes, they have a higher danger of getting type 2 diabetes [16].

SYMPTOMS

Type 1 diabetes

Excessive craving, excessive thirst, accidental weight reduction, frequent micturation, hazy vision, sluggishness, Mood swing [2].

Type 2 diabetes

Excessive craving, excessive thirst, frequent micturation, foggy vision, sleepiness, bruises that are delayed to heal, repeating contaminations [3].

Gestational diabetes

Mostly women with gestational diabetes don't have symptoms. The condition is frequently identified during a standard glucose test or oral glucose resilience test performed. In uncommon cases, a lady with gestational diabetes will likewise encounter excessive thirst or frequent micturition [2].

General indications

Expanded yearning, expanded thirst, weight reduction, frequent micturation, foggy vision, injuries that won't heal.

Manifestations in men

Notwithstanding the general indications of diabetes, men with diabetes may have a diminished sex drive, erectile brokenness (ED), and weak muscle quality.

Manifestations in women

Ladies with diabetes can likewise have manifestations, for example, urinary tract contaminations, yeast diseases, and dry, bothersome itchy skin [17].

RISK FACTORS

Type 1 diabetes

One is bound to get type 1 diabetes in case that person is a kid or youngster, who has a parent or kin with the condition.

Type 2 diabetes

Overweight, age 45 or more established, to have a parent or kin with the condition, not genuinely dynamic, if had gestational diabetes or prediabetes, hypertension, elevated cholesterol, or high triglycerides, having African American, Hispanic or Latino American, Alaska Native, Pacific Islander, American Indian, or Asian American heritage [18].

Gestational diabetes

Overweight, over age 25, gestational diabetes during a past pregnancy, overweight, having a family history of type 2 diabetes, polycystic ovary disorder [12,14].

Diabetes entanglements

High glucose harms organs and tissues all through the body. The higher the glucose is and the more hazard for entanglements. Entanglements related with diabetes include: coronary illness, cardiovascular failure, and stroke, neuropathy, nephropathy, retinopathy and vision misfortune, hearing misfortune, foot harm, for example, diseases and injuries that don't recuperate, skin conditions, for example, bacterial and contagious diseases. gloom, dementia [19].

TREATMENT

Type 1 diabetes

Insulin is the basic treatment. It replaces the hormone that the body can't deliver. There are four sorts of insulin that are most normally utilized. They're separated by how rapidly they begin to function, and to what extent their belongings last: Fast acting insulin starts to work within 15 minutes and its remains active for 3 to 4 hours. Short-acting insulin starts to work within 30 minutes and remains active for 6 to 8 hours. Middle of the road, insulin starts to work within 1 to 2 hours and remains for 12 to 18 hours [20].

Type 2 diabetes

Diet and exercise can assist some with type 2 diabetes. On the off chance that way of life changes aren't sufficient to bring down glucose, have to take drugs. These medications bring down the glucose in an assortment of ways:Alpha-glucosidase inhibitors - Slow body's breakdown of sugars and starchy foods.

Biguanides-Reduce the amount of glucose liver makes.

Glucagon-like peptides-Change the way the body produces insulin.

Meglitinides-Works by Stimulating pancreas to release more insulin.

SGLT2 inhibitors-Releases glucose from blood into the urine.

Sulfonylureas-Stimulates pancreas to release more insulin.

Thiazolidinediones-Help insulin work better [21].

DIAGNOSIS AND DIET CONTROL

Type 1 diabetes

Glucose level ascents or falls dependent on the sorts of nourishments one eats. Boring or sweet nourishments make glucose levels rise quickly. Protein and fat reason progressively steady increments [22]. The clinical group may suggest that limiting the measure of starches eaten every day. likewise one needs to offset their carb consumption with their insulin dosages. Work with a dietitian who can assist with structuring a diabetes supper plan. Getting the correct equalization of protein, fat, and carbs can assist with controlling glucose [23].

Type 2 diabetes

A dietitian can assist with making sense of what number of grams of sugars to eat at every feast [24]. So as to keep glucose levels consistent, attempt to eat little suppers for the duration of the day. Underscore solid nourishments, for example, organic products, vegetables, entire grains, lean protein, poultry and fish, olive oil and nuts. Certain different nourishments can subvert endeavors to keep glucose in control. Discover the nourishments that ought to maintain a strategic distance from the event that one came to know that he/she has diabetes [25].

Gestational diabetes

Eating regimen is significant for both the pregnant woman and her baby during pregnancy. Settling on the correct food decisions can likewise assist with staying away from diabetes meds. cutoff sweet or salty nourishments. Despite the fact that women need some sugar to take care of her developing infant, she ought to abstain from eating excessively [26].

Any individual who has side effects of diabetes or is in danger for the ailment ought to be tried. Ladies are routinely tried for gestational diabetes during their second or third trimesters of pregnancy [27]. Specialists utilize these blood tests to analyze prediabetes and diabetes: The fasting plasma glucose (FPG) test gauges glucose after one has fasted for 8 hours. The A1C test gives a depiction of glucose levels over the past 3 months [28]. To analyze gestational diabetes, primary care physicians will test glucose levels between the 24th and 28th long stretches of pregnancy. During the glucose challenge test, glucose is checked an hour after the patient drinks a sweet fluid. The prior one gets determined to have diabetes, the sooner they can begin treatment [14].

Diabetes anticipation

Type 1 diabetes isn't preventable in light of the fact that it's brought about by an issue with the insusceptible framework. A few reasons for type 2 diabetes, for example, qualities or age, aren't heavily influenced [29,**B0**]. However numerous different diabetes chance components are controllable. Most diabetes anticipation techniques include making straightforward acclimations to eating routine and wellness schedule. [31]. In the event that one has been determined to have prediabetes, here are a couple

of things they can do to prevent type 2 diabetes: Get in any event 150 minutes of the seven day stretch of high-impact workout, for example, strolling or cycling. Cut soaked and trans fats, alongside refined starches, out of eating routine. Eat more natural products, vegetables, and entire grains. Attempt to lose 7 percent trusted Source of body weight in case of overweight or fat. These aren't the main approaches to prevent diabetes [31,32].

DIABETES IN KIDS

Controlling glucose is particularly significant in youngsters; It harms significant organs, for example, the heart and kidneys.

Type 1 diabetes

One of the principle indications is expanded pee. Children with type 1 diabetes may wet the bed after they've been latrine prepared. Outrageous thirst, weariness, and craving are additionally indications of the condition. It's significant that kids with type 1 diabetes escape. The illness can cause high glucose and drying out, which can be health related crises.

Type 2 diabetes

Type 2 was so uncommon in kids. Since more kids are overweight or corpulent, type 2 diabetes is getting progressively basic in this age gathering [29]. Type 2 diabetes can cause kidney infection and vision problems. Balanced diets, exercises helps youngsters to control their glucose level. Type 2 diabetes is more common than any time in recent memory in youngsters.

CONCLUSION

Diabetes consequences can be delayed with diet, exercise, medication and regular screening and treatment for complications. But it can't be cured. Diabetes prevalence has been rising more rapidly in developing countries than developed countries. Diabetes also causes blindness, kidney failure, heart attacks, stroke and lower limb amputation. This review is to provide knowledge and awareness about the condition diabetes mellitus, its prevention and control of diabetes and its complications.

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CONFLICT OF INTEREST

All authors declare no conflict of interest in the study.

REFERENCES

- 1. Big manual on diabetes. Diabetes mellitus. 2000; 52.
- 2. Meo SA. Diabetes mellitus: Health and wealth threat. Int J Diab Mellitus 2009; 1:42.
- 3. Al-Rubeaan K. Type 2 diabetes mellitus red zone. Int J Diabetes Mellitus 2010; 2:1-2.
- 4. Thomas N, Jeyaraman K, Asha HS, et al. A practical guide to diabetes mellitus. JP Medical Ltd 2012; 30.
- 5. https://play.google.com/store/books/ details?id=i0qojvF1SpUC
- 6. https://books.google.co.in/books/about/The_ history_of_diabetes_mellitus.html?hl=&id=3xrAAAAMAAJ&redir_esc=y
- 7. Asfandiyarova NS. A review of mortality in type 2 diabetes mellitus. Diabetes Mellitus 2015; 18:12-21.
- 8. Ametov AS. Vildagliptin: Optimal control in type 2 diabetes mellitus treatment. Diabetes Mellitus 2015; 18:125-129.
- 9. Bogatyrev SN. Physical activity and type 2 diabetes mellitus risk: Population studies review. Diabetes Mellitus. 2016; 19:486-493.
- Bikbov MM, Surkova VK. Cornea and its changes in diabetes mellitus: the review. Diabetes Mellitus 2016; 19:479-485.
- 11. Udovichenko OV. Type 2 diabetes mellitus? Time to change the concept?. Diabetes Mellitus 2014; 85–86.
- 12. Desoye G. The human placenta in gestational diabetes. Gestational Diabetes 1988; 72–86.
- 13. Gestational diabetes. 2014; 1-2.
- 14. Rayis DA, Ahmed AB, Sharif ME, et al. Reliability of glycosylated hemoglobin in the diagnosis of gestational diabetes mellitus. J Clin Laboratory Analysis 2020; 34:e23435.
- 15. Seshiah V, Balaji V, Madhuri B. Gestational diabetes mellitus-A perspective. Gestational Diabetes 2011.
- 16. Hoet JJ. The world scope of gestational diabetes. Gestational Diabetes 1988; 59–63.
- 17. https://books.google.co.in/books/about/Diabetes_ Mellitus.html?hl=&id=hgiuDHVUuT4C&redir_esc=y

- 18. Guo L, Wang J, Ding H, et al. Long-term outcomes of medical therapy versus successful recanalisation for coronary chronic total occlusions in patients with and without type 2 diabetes mellitus. Cardiovascular Diabetol 2020; 19:1-2.
- 19. Jie Chee Y, Jia Huey Ng S, Yeoh E. Reply to comments on letter to the editor-Diabetic ketoacidosis precipitated by Covid-19 in a patient with newly diagnosed diabetes mellitus. Diabetes Res Clin Practice 2020; 108305.
- 20. https://books.google.co.in/books/about/Diabetes_ Mellitus.html?hl=&id=juRrAAAAMAAJ&redir_esc=y
- 21. https://play.google.com/store/books/ details?id=04AxBwAAQBAJ
- Maahs DM, West NA, Lawrence JM, et al. Epidemiology of type 1 diabetes. Endocrinology Metabol Clin 2010; 39:481-97.
- 23. Marković-Jovanović S. Nutritional management in type 1 diabetes mellitus. Type 1 Diabetes 2013; 469.
- 24. https://books.google.co.in/books/about/Medical_ Management_of_Type_2_Diabetes.html?hl=&id=Na9PC_ kw4u4C&redir_esc=y
- 25. https://play.google.com/store/books/ details?id=balnOWHDldAC
- 26. Scifres C. Prevention of gestational diabetes: Where do we go from here?. Int J Obstetr Gynaecol 2020; 127:1617.
- 27. Kong CM, Arjunan S, Gan SU, et al. Tissues derived from reprogrammed Wharton's jelly stem cells of the umbilical cord as a platform to study gestational diabetes mellitus. Stem Cell Res 2020; 47:101880.
- 28. Green A, Callaway L, McIntyre HD, et al. Diagnosing and providing initial management for patients with gestational diabetes: What is the general practitioner's experience?. Diabetes Res Clin Practice 2020; 166.
- 29. https://oxfordmedicine.com/view/10.1093/ med/9780199235292.001.1/med-9780199235292chapter-131
- 30. Ludvigsson J. Immune Intervention in Type I Diabetes Mellitus. In Type 1 Diabetes Intech Open 2013.
- 31. https://books.google.co.in/books/about/Type_2_ Diabetes_Mellitus.html?hl=&id=3M4M-Zi9h5UC&redir_ esc=y
- 32. Kim G. Pediatric Type II Diabetes. Elsevier Health Sciences; 2018 Dec 4.