

# Whole-Body HEALTH

How to protect yourself from these common diabetes complications and detect treatable health issues early...

EXCELLENT recommendations for Diabetics...

GREAT recommendations for everyone else!

By Allison Tsai Diabetic Forecast Magazine January 2018

Diabetics point fingers at their pancreas and its dysfunctional insulin-producing cells for being a central problem with diabetes. Yet your whole body gets involved. Complications can affect other organs and body parts, but health screenings pick up changes in the organs and tissues early on. That makes it easier to prevent these health issues or begin treatment that can slow or stop them.

Keep an eye out for the issues below, and then get familiar with the screenings that can detect them. On your next visit with your doctor, discuss these recommendations. If you haven't had a thorough exam in over a year, MAKE AN APPOINTMENT. If you are under 65, consider a FREE Executive Physical to get it all checked out! (information at the end of this article)



## Eyes



High blood glucose can damage small blood vessels and other tissues in the eye, which can cause fluid to leak into the retina and can lead to the overgrowth of new, weak blood vessels—collectively known as diabetic retinopathy. Severe retinopathy can cause vision loss.

**Symptoms:** There are often no symptoms until the disease is advanced, which is why regular screenings are so important. You may notice blurry vision or other visual disturbances as retinopathy progresses.

## Heart and Blood Vessels

High blood glucose can damage the lining of the blood vessels, which results in a process known as atherosclerosis, a narrowing of blood vessels to the heart, brain, and extremities. This, in turn, can lead to heart attack and stroke. Insulin resistance, high blood pressure, high LDL (“bad”) cholesterol, and smoking also contribute to heart disease.

**Symptoms:** Chest discomfort (which may move into the neck, jaw, or arms), shortness of breath, extreme fatigue, sweating, nausea, and dizziness. But the disease may be silent until a heart attack or stroke occurs.



## Obesity

Being overweight or obese can increase your cardiovascular (and diabetes) risk, up insulin resistance, and make complications worse. Losing weight can improve insulin resistance, blood glucose, and blood pressure.

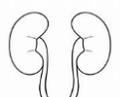
**Symptoms:** Breathlessness, fatigue, and joint pain can occur.



## Kidneys

Chronic high blood glucose can damage the kidneys (located on either side of the body, below the ribs and at the back), which alters their ability to filter your blood and remove waste products. This is known as diabetic nephropathy.

**Symptoms:** You likely won't notice symptoms until kidney disease is advanced, but you may find that your blood pressure is rising or that your feet are swollen.





## High Blood Glucose

High blood glucose is a characteristic of all types of diabetes.

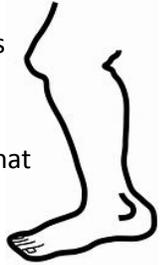
Chronic high glucose in the blood damages tissues and sets off a cascade of events in the body, which can lead to complications. Well-managed blood glucose can help prevent these from developing.

**Symptoms:** There are often no symptoms, but extreme thirst, frequent urination, and blurry vision can occur.

## Legs

In the same way diabetes can affect blood vessels and arteries supplying blood to the heart and brain, it can affect the blood vessels in the legs. In the resulting condition, known as peripheral artery disease (PAD), the arteries become clogged or narrowed, which makes it difficult for blood to flow to the legs and feet.

**Symptoms:** Without enough blood flow to the legs, you may notice leg weakness, pain in the calves that goes away with rest, and slow healing of wounds on the legs and feet.



## Feet

Damage to nerves, caused by high blood glucose, can lead to pain and/or numbness, a condition known as peripheral neuropathy. The feet and lower legs are most commonly affected. Loss of feeling in the feet can be especially problematic: If you can't feel a wound developing on your foot or toes, it can become infected before you notice it's there.

**Symptoms:** Sharp, shooting pain; tingling; burning; and/or numbness in the feet and toes and, in later stages, the legs, arms, or hands.

## Tests and Screenings



### Blood Glucose: A1C/eAG

**The Test:** To measure your average blood glucose level over the past few months, your doctor will do an A1C test. An estimated average glucose (eAG) can also be calculated based on the A1C.

**The Details:** The general A1C target is below 7 percent, or less than 154 mg/dl for an eAG. Some people will have lower or higher targets based on other factors, such as age or additional health conditions.

**The Schedule:** At least twice a year in people who are meeting their blood glucose goals. People who are not in their target range or who have recently changed their treatment regimen should be tested four times a year. For pregnant women, this test may be done more often.

### Legs: Ankle-Brachial Index

**The Test:** To check for peripheral artery disease (PAD), a nurse or other health care provider will use an inflatable cuff to measure blood pressure in your arm, which will be compared with blood pressure in your ankle.

**The Details:** A normal result is between 0.9 and 1.3, according to the National Heart, Lung, and Blood Institute. Lower-than-normal results may require treatment.

**The Schedule:** While there is no set schedule, an ankle-brachial index test should be performed when symptoms of PAD appear. (See above, for a list.)



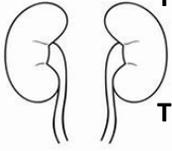
### Feet: Foot Evaluation

**The Exam:** Your doctor will visually examine your feet, checking for abrasions, ulcers (open sores), wounds, and signs of nerve damage (neuropathy), such as loss of ankle reflexes and loss of sensation in your feet and toes. It's a good idea to do frequent self-exams at home with a mirror, or ask for help from a loved one.

**The Details:** Your doctor will talk with you about any signs of nerve damage that he or she discovers.

**The Schedule:** Get a comprehensive exam at least once a year and inspections at every visit. If you've had an ulcer in the past, have numbness in your feet, or have PAD, you'll need comprehensive exams more frequently.

## Kidneys: Serum Creatinine/eGFR



**The Test:** This blood test measures creatinine, an indicator of kidney function. The estimated glomerular filtration rate (eGFR) is calculated from factors such as age, gender, race, weight, and the creatinine measure to determine if your kidneys are working properly.

**The Details:** In general, if your estimated GFR is less than 60 ml/min/1.73 m<sup>2</sup>, you have impaired kidney function. Your doctor will evaluate whether diabetic kidney disease is the cause and come up with a treatment plan.

**The Schedule:** At least once a year if you have high blood pressure or type 2 diabetes, or if you've had type 1 diabetes for five years or more.

## Kidneys: Urine Albumin-To-Creatinine Ratio

**The Test:** A protein called albumin is measured in the urine. If an excess amount is present, this can indicate kidney disease.

**The Details:** If your results are greater than 30 mg/g and the cause is diabetic kidney disease, your doctor may recommend lifestyle changes, medication to slow kidney disease, and further glucose-lowering measures.

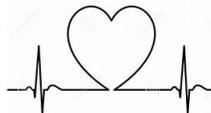
**The Schedule:** At least once a year if you have high blood pressure or type 2 diabetes, or if you have had type 1 diabetes for five years or more.

## Heart: Blood Pressure

**The Test:** A health care provider will check your blood pressure with a cuff that's wrapped around your upper arm.

**The Details:** A blood pressure level of 140/90 mmHg and above is considered too high (hypertension). Medications that lower blood pressure are recommended for people with diabetes and hypertension. A target of less than 140/90 mmHg is recommended for most people with diabetes and hypertension, but lower targets may be appropriate for those at high risk for cardiovascular disease.

**The Schedule:** Every doctor visit.



## Heart: Cholesterol

**The Test:** This blood test measures LDL, HDL, and triglyceride levels.

**The Details:**

- **LDL ("bad") cholesterol:** Elevated LDL levels can put you at risk for heart attack and stroke. If you have diabetes and are age 40 or older, your doctor will likely recommend a cholesterol-lowering medication in the statin category.
- **HDL ("good") cholesterol:** Higher levels of HDL are associated with a lower risk for heart disease. If you're a man with levels below 40 mg/dl or a woman with levels below 50 mg/dl, your doctor may ask you to intensify your exercise and focus on healthy eating and might prescribe certain medications.
- **Triglycerides:** Excess triglycerides in the blood may team up with LDL cholesterol to harm the arteries. If your level is 150 mg/dl or higher, your doctor may recommend lifestyle changes and better blood glucose management to help lower levels, or he or she may prescribe certain medications.

**The Schedule:** At least annually for those taking statins. For people not taking statins or other lipid-lowering therapies, at least every five years.

## Eyes: Dilated Eye Exam



**The Exam:** After dilating your pupils with eye drops, your eye doctor will examine the back of the eye (the retina) for signs of diabetic retinopathy.

**The Details:** Your doctor will talk with you about any signs of retinopathy that he or she discovers.

**The Schedule:** At diagnosis in people with type 2 and within five years of diagnosis for people with type 1. Get checked every one to two years after that if your blood glucose is well controlled and if you are free of eye disease. If any level of eye disease is detected, however, exams at least annually are recommended.'

## Overall Health: Body Mass Index (BMI)

**The Test:** The ratio of your weight to height—your body mass index—is used to determine how close you are to a healthy weight or if you're overweight or obese.

**The Details:** A BMI greater than or equal to 25 (23 in people of Asian descent) is outside the healthy range. Weight-loss medications may be an option if you have type 2 diabetes and a BMI of 27 or greater.

**The Schedule:** Every doctor visit.

## Get Tested

See your doctor on a regular basis and discuss the testing recommendations. OR if you are under the age of 65, take advantage of the FREE Executive Physical Program.

### EXECUTIVE PHYSICALS CENTER AT DEPAUL

South Medical Office Building  
Suite #501  
DePaul Health Center Campus  
Bridgeton, MO 63043

ROBIN GRIGGS  
314-209-5169

## 2nd Location now open at St. Clare Health Center in Fenton!!!

If you haven't seen your doctor in the last year for a ROUTINE COMPREHENSIVE CHECK-UP, it's time to do so NOW!

CALL TODAY FOR  
YOUR  
APPOINTMENT!

The Priests' Wellness Program has partnered with the Executive Physicals Center at DePaul to offer you a means of obtaining a comprehensive annual physical.

Your appointment includes:  
an thorough examination by a physician, lab work, chest x-ray, EKG, pulmonary function test, stress test, hearing and vision exams.

You will be seen on time and should be about your daily routine in about 2 hours.  
A complete report from your physical will be sent to you and your primary care physician for follow-up.