1. **What is diabetes?**

There are two types of diabetes, insulin-dependent (type 1) and noninsulin-dependent (type 2), are different disorders. While the causes, short-term effects, and treatments for the two types differ, both can cause the same long-term health problems. Both types also affect the body's ability to use digested food for energy. Diabetes does not interfere with digestion, but it does prevent the body from using an important product of digestion, glucose (commonly known as sugar), for energy.

After a meal, the digestive system breaks some food down into sugar. The blood carries the sugar throughout the body, causing blood sugar levels to rise. In response to this rise, the hormone insulin is released into the bloodstream to signal the body tissues to metabolize or burn the sugar for fuel, causing blood sugar levels to return to normal. A gland called the pancreas, found just behind the stomach, makes insulin. Sugar the body does not use right away goes to the liver, muscle, or fat for storage.

In someone with diabetes, this process does not work correctly. In people with type 1 diabetes, the pancreas does not produce insulin. This condition usually begins in childhood. People with this kind of diabetes must have daily insulin injections to survive.

In people with type 2 diabetes the pancreas usually produces some insulin, but the body does not respond very well to the insulin signal and, therefore, does not metabolize the sugar properly, a condition called [insulin resistance](http://diabetes.webmd.com/guide/diabetes-insulin-resistance-syndrome). Insulin resistance is an important factor in type 2 diabetes.

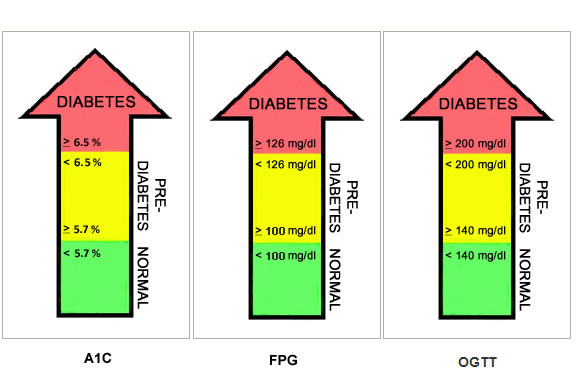
Source: <http://diabetes.webmd.com/diabetes-faq>

1. **What is pre-diabetes?**

Before people develop type 2 diabetes, they usually have "prediabetes" — blood glucose levels that are higher than normal but not high enough to be diagnosed as diabetes. Please see the graph below for values based on different test. Recent research has shown that some long-term damage to the body, especially the heart and circulatory system, may already be occurring during prediabetes. The good news is there are things you can do to prevent or delay the development of type 2 diabetes.

There are three different tests your doctor can use to determine whether you have diabetes:

* The A1C test greater than 5.7 but less than 6.5
* The fasting plasma glucose test (FPG) greater than 100 but less than 126
* or the oral glucose tolerance test (OGTT) greater than 140 but less than 200



Source: <http://www.diabetes.org/diabetes-basics/prevention/pre-diabetes/>

1. **How do I know if I have diabetes?**

There are three different tests your doctor can use to determine whether you have diabetes:

* The A1C test greater than 6.5
* The fasting plasma glucose test (FPG) greater than 126
* or the oral glucose tolerance test (OGTT) greater than 200

The blood glucose levels measured after these tests determine whether you have a normal metabolism, or whether you have prediabetes or diabetes.

If your blood glucose level is abnormal following the FPG, you have impaired fasting glucose (IFG); if your blood glucose level is abnormal following the OGTT, you have impaired glucose tolerance (IGT). Both are also known as prediabetes.

1. **If you do not have diabetes, do you know your risk for diabetes?**

The first step to prevention is learning your risk for diabetes. Click on the following link to know your risk <http://www.diabetes.org/diabetes-basics/prevention/diabetes-risk-test/>

1. **What should I do if I think I have diabetes or If I am at high risk for diabetes?**

* The first thing to do is to see your doctor
* Get blood work that includes an A1C, fasting blood glucose, lipid panel, and BMI and waist circumference.
* If you are diagnosed with diabetes, encourage your doctor to refer you for diabetes self-management education.

1. **What is diabetes self-management education (DSME)?**

Every person diagnosed with diabetes should attend DMSE to improve care and reduce complications from diabetes related to lack of knowledge of the disease. Diabetes Self-Management Education (DSME) is the cornerstone of care for all individuals with diabetes who want to achieve successful health-related outcomes. The National Standards for DSME are designed to define quality diabetes self-management education that can be implemented in diverse settings and will facilitate improvement in health care outcomes. The dynamic health care process obligates the diabetes community to periodically review and revise these standards to reflect advances in scientific knowledge and health care. Source: [www.diabetes.org](http://www.diabetes.org)

1. **What is hypoglycemia?**

Hypoglycemia, also called low blood glucose or low blood sugar, occurs when blood glucose drops below normal levels. Glucose, an important source of energy for the body, comes from food. Carbohydrates are the main dietary source of glucose. Rice, potatoes, bread, tortillas, cereal, milk, fruit, and sweets are all carbohydrate-rich foods.

Hypoglycemia causes symptoms such as

* hunger
* shakiness
* nervousness
* sweating
* dizziness or light-headedness
* sleepiness
* confusion
* difficulty speaking
* anxiety
* weakness

Hypoglycemia can also happen during sleep. Some signs of hypoglycemia during sleep include

* crying out or having nightmares
* finding pajamas or sheets damp from perspiration
* feeling tired, irritable, or confused after waking up

Source: <http://diabetes.niddk.nih.gov/dm/pubs/hypoglycemia/#what>

1. **What is hyperglycemia?**

Hyperglycemia, or high blood sugar (glucose), is a serious health problem for those with diabetes. Hyperglycemia develops when there is too much sugar in the blood. There are two specific types of hyperglycemia:

* **Fasting hyperglycemia** is defined as a blood sugar greater than 130 mg/dL (milligrams per deciliter) after fasting for at least 8 hours.
* **Postprandial or after-meal hyperglycemia** is defined as a blood sugar usually greater than 180 mg/dL. In people without diabetes postprandial or post-meal sugars rarely go over 140 mg/dL. However, occasionally after a large meal, a 1-2 hour post-meal sugar level can reach 180 mg/dL. Consistently elevated high post-meal blood sugar levels can be an indicator that a person has or is at high risk for developing [type 2 diabetes](http://diabetes.webmd.com/diabetes-men)

Early signs of hyperglycemia in diabetes may include:

* Increased thirst
* Headaches
* Difficulty concentrating
* Blurred vision
* Frequent urination
* Fatigue (weak, tired feeling)
* Weight loss
* Blood sugar more than 180 mg/dL

Prolonged hyperglycemia in diabetes may result in:

* Vaginal and skin infections
* Slow-healing cuts and sores
* Decreased vision
* Nerve damage causing painful cold or insensitive feet, loss of hair on the lower extremities, and/or erectile dysfunction
* Stomach and intestinal problems such as chronic constipation or diarrhea
* Damage to your eyes, blood vessels, or kidneys

Source: <http://diabetes.webmd.com/diabetes-hyperglycemia>

1. **What services does the FAU diabetes center provides?**

* Nurse practitioner Services – comprehensive care
* Nutritionist – carbohydrate count classes, meal plans, diabetes education
* Pharmacist- comprehensive diabetes medication management
* Certified diabetes educator - diabetes self-management classes

1. **Do I need insurance to come to the FAU diabetes center?**

No. We use a sliding scale to determine price for services. If you are 100% below government poverty level, you may pay as low as $40 for first visit. Laboratory fees are separate. Call us for more details. **Our number is 561-803-8880**

1. **Where are you located?**

We are in West Palm Beach. Our address is 5205 Greenwood Avenue, suite 110, WPB, FL 33407



