what is gestational diabetes

ANS TYPE:

intro

FOCUS:

gestational diabetes

TARGET:

gestational

CHOSEN ANS:

pregnant women who have never had diabetes before but who have high blood glucose (sugar) levels during pregnancy are said to have gestational diabetes. according to a 2014 analysis by the centers for disease control and prevention, the prevalence of gestational diabetes is as high as 9.2%. we don't know what causes gestational diabetes, but we have some clues. the placenta supports the baby as it grows. hormones from the placenta help the baby develop. but these hormones also block the action of the mother's insulin in her body. this problem is called insulin resistance. insulin resistance makes it hard for the mother's body to use insulin. she may need up to three times as much insulin. gestational diabetes starts when your body is not able to make and use all the insulin it needs for pregnancy. without enough insulin, glucose cannot leave the blood and be changed to energy. glucose builds up in the blood to high levels. this is called hyperglycemia. you may also be interested in our book, diabetes & pregnancy: a guide to a healthy pregnancy.

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what causes gestational diabetes

ANS TYPE:

causes function

FOCUS:

gestational diabetes

TARGET:

gestational

CHOSEN ANS:

the centers for disease control and prevention's podcast tells expectant moms more about diabetes during pregnancy, or gestational diabetes (gdm). learn about managing gdm, its impact on your future health, and what you can do to lower your risk for type 2 diabetes after you've had gdm. last reviewed: june 7, 2013 last edited: november 21, 2016

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what are the symptomsof diabetes

ANS TYPE:

symptoms

FOCUS:

diabetes

TARGET:

symptomsof

CHOSEN ANS:

diabetic kidney disease can be prevented by keeping blood glucose in your target range. research has shown that tight blood glucose control reduces the risk of microalbuminuria by one third. in people who already had microalbuminuria, the risk of progressing to macroalbuminuria was cut in half. other studies have suggested that tight control can reverse microalbuminuria.

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what are the symptoms of gestational diabetes

ANS TYPE:

symptoms

FOCUS:

gestational diabetes

TARGET:

symptoms gestational

CHOSEN ANS:

gestational diabetes affects the mother in late pregnancy, after the baby's body has been formed, but while the baby is busy growing. because of this, gestational diabetes does not cause the kinds of birth defects sometimes seen in babies whose mothers had diabetes before pregnancy. however, untreated or poorly controlled gestational diabetes can hurt your baby. when you have gestational diabetes, your pancreas works overtime to produce insulin, but the insulin does not lower your blood glucose levels. although insulin does not cross the placenta, glucose and other nutrients do. so extra blood glucose goes through the placenta, giving the baby high blood glucose levels. this causes the baby's pancreas to make extra insulin to get rid of the blood glucose. since the baby is getting more energy than it needs to grow and develop, the extra energy is stored as fat. this can lead to macrosomia, or a "fat" baby. babies with macrosomia face health problems of their own, including damage to their shoulders during birth. because of the extra insulin made by the baby's pancreas, newborns may have very low blood glucose levels at birth and are also at higher risk for breathing problems. babies with excess insulin become children who are at risk for obesity and adults who are at risk for type 2 diabetes.

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As a diabetes 2 patient, how do you suggest, I plan my meals

ANS TYPE:

causes recommendations

FOCUS:

diabetes 2 do

TARGET:

patient suggest i plan meals

CHOSEN ANS:

when our bodies digest the protein we eat, the process creates waste products. in the kidneys, millions of tiny blood vessels (capillaries) with even tinier holes in them act as filters. as blood flows through the blood vessels, small molecules such as waste products squeeze through the holes. these waste products become part of the urine. useful substances, such as protein and red blood cells, are too big to pass through the holes in the filter and stay in the blood. diabetes can damage this system. high levels of blood glucose make the kidneys filter too much blood. all this extra work is hard on the filters. after many years, they start to leak and useful protein is lost in the urine. having small amounts of protein in the urine is called microalbuminuria. when kidney disease is diagnosed early, during microalbuminuria, several treatments may keep kidney disease from getting worse. having larger amounts of protein in the urine is called macroalbuminuria. when kidney disease is caught later during macroalbuminuria, end-stage renal disease, or esrd, usually follows. in time, the stress of overwork causes the kidneys to lose their filtering ability. waste products then start to build up in the blood. finally, the kidneys fail. this failure, esrd, is very serious. a person with esrd needs to have a kidney transplant or to have the blood filtered by machine (dialysis).

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How to treat diabetes insipidus

ANS TYPE:

treatment

FOCUS:

diabetes insipidus

TARGET:

treat

CHOSEN ANS:

individuals and families can buy health insurance through a health insurance marketplace (marketplace) available in every state. starting in 2014, all new health insurance plans, whether sold inside or outside the marketplace, cannot deny coverage, charge more, or refuse to cover treatments because you or someone in your family has diabetes. people who meet certain income requirements may also qualify for help paying their premiums and other costs for plans purchased in the marketplace.

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how to prevent gestational diabetes

ANS TYPE:

symptoms prevention

FOCUS:

gestational diabetes

TARGET:

prevent gestational

CHOSEN ANS:

gestational diabetes affects the mother in late pregnancy, after the baby's body has been formed, but while the baby is busy growing. because of this, gestational diabetes does not cause the kinds of birth defects sometimes seen in babies whose mothers had diabetes before pregnancy. however, untreated or poorly controlled gestational diabetes can hurt your baby. when you have gestational diabetes, your pancreas works overtime to produce insulin, but the insulin does not lower your blood glucose levels. although insulin does not cross the placenta, glucose and other nutrients do. so extra blood glucose goes through the placenta, giving the baby high blood glucose levels. this causes the baby's pancreas to make extra insulin to get rid of the blood glucose. since the baby is getting more energy than it needs to grow and develop, the extra energy is stored as fat. this can lead to macrosomia, or a "fat" baby. babies with macrosomia face health problems of their own, including damage to their shoulders during birth. because of the extra insulin made by the baby's pancreas, newborns may have very low blood glucose levels at birth and are also at higher risk for breathing problems. babies with excess insulin become children who are at risk for obesity and adults who are at risk for type 2 diabetes.

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Is there any support group for diabetes

ANS TYPE:

support groups

FOCUS:

diabetes

TARGET:

support group

CHOSEN ANS:

emotional support, while not often initially considered, plays a key role in diabetes care. connecting with other people living with diabetes that understand the daily grind of counting carbohydrates, testing blood glucose multiple times each day and dealing with the various highs and lows (both physical and emotional) of life with diabetes can make all the difference. talking with people who "get it" is important, and our online community offers a place for people living with and affected by diabetes to find that support. our family link program connects parents of children with type 1 diabetes.

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How to prevent diabetes

ANS TYPE:

symptoms prevention

FOCUS:

diabetes

TARGET:

prevent

CHOSEN ANS:

given the extraordinary burden of diabetes on patients, their families, the medical community, society, and the economy, the national diabetes education program (ndep) has prepared this toolkit to provide health care professionals and teams with evidence and resources to identify, counsel, and support patients to prevent or delay the onset of type 2 diabetes.

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How can diabetes be prevented

ANS TYPE:

symptoms prevention

FOCUS:

diabetes prevented

TARGET:

be

CHOSEN ANS:

diabetic kidney disease can be prevented by keeping blood glucose in your target range. research has shown that tight blood glucose control reduces the risk of microalbuminuria by one third. in people who already had microalbuminuria, the risk of progressing to macroalbuminuria was cut in half. other studies have suggested that tight control can reverse microalbuminuria.

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What is diabetes in children

ANS TYPE:

intro

FOCUS:

diabetes

TARGET:

children

CHOSEN ANS:

some women get diabetes when they are pregnant. doctors call this gestational (jes-tay-shun-al) diabetes. most of the time, it goes away after your baby is born. even if the diabetes goes away, you still have a greater chance of getting diabetes later in life. your child may also have a greater chance of being obese and getting type 2 diabetes later in life. use this tip sheet to learn what you can do for yourself and your child.

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What is juvenile diabetes

ANS TYPE:

intro

FOCUS:

juvenile diabetes

TARGET:

juvenile

CHOSEN ANS:

until recently, the common type of diabetes in children and teens was type 1. it was called juvenile diabetes. with type 1 diabetes, the pancreas does not make insulin. insulin is a hormone that helps glucose,or sugar, get into your cells to give them energy. without insulin, too much sugar stays in the blood. but now younger people are also getting type 2 diabetes. type 2 diabetes used to be called adult-onset diabetes. but now it is becoming more common in children and teens, due to more obesity. with type 2 diabetes, the body does not make or use insulin well. children have a higher risk of type 2 diabetes if they are obese, have a family history of diabetes, or are not active, and do not eat well. to lower the risk of type 2 diabetes in children <ul><li>have them maintain a healthy weight</li><li>be sure they are physically active</li><li>have them eat smaller portions of healthy foods</li><li>limit time with the tv, computer, and video</li></ul>children and teens with type 1 diabetes may need to take insulin. type 2 diabetes may be controlled with diet and exercise. if not, patients will need to take oral diabetes medicines or insulin.

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What diet is recommended for pregnant women with diabetes

ANS TYPE:

recommendations

FOCUS:

diabetes

TARGET:

diet pregnant women

CHOSEN ANS:

if your patients are facing discrimination at work, at school or elsewhere because of their diabetes, we can help.

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What can be a diet for pregnant women with diabetes?

ANS TYPE:

intro

FOCUS:

diabetes

TARGET:

be diet pregnant women

CHOSEN ANS:

pregnant women who have never had diabetes before but who have high blood glucose (sugar) levels during pregnancy are said to have gestational diabetes. according to a 2014 analysis by the centers for disease control and prevention, the prevalence of gestational diabetes is as high as 9.2%. we don't know what causes gestational diabetes, but we have some clues. the placenta supports the baby as it grows. hormones from the placenta help the baby develop. but these hormones also block the action of the mother's insulin in her body. this problem is called insulin resistance. insulin resistance makes it hard for the mother's body to use insulin. she may need up to three times as much insulin. gestational diabetes starts when your body is not able to make and use all the insulin it needs for pregnancy. without enough insulin, glucose cannot leave the blood and be changed to energy. glucose builds up in the blood to high levels. this is called hyperglycemia. you may also be interested in our book, diabetes & pregnancy: a guide to a healthy pregnancy.

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Type 2 diabetes meal plan

ANS TYPE:

intro

FOCUS:

2 diabetes meal

TARGET:

type meal plan

CHOSEN ANS:

when you have type 2 diabetes, taking time to plan your meals goes a long way toward controlling your blood sugar and weight.

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What is type 2 diabetes

ANS TYPE:

intro

FOCUS:

2 diabetes

TARGET:

type

CHOSEN ANS:

the number of teens living with type 2 diabetes has increased in recent years. managing diabetes as a teen or adolescent can come with different challenges than an adult may face. the materials below were developed specifically for teens with diabetes.

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How to prevent diabetes insipidus?

ANS TYPE:

symptoms prevention function

FOCUS:

diabetes

TARGET:

prevent insipidus

CHOSEN ANS:

diabetes can affect almost every part of your body. managing your blood glucose can help prevent many other health problems that can occur when you have the disease.

common diabetes problems include

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How to prevent diabetes insipidus

ANS TYPE:

symptoms prevention

FOCUS:

diabetes insipidus

TARGET:

prevent

CHOSEN ANS:

diabetes can affect almost every part of your body. managing your blood glucose can help prevent many other health problems that can occur when you have the disease.

common diabetes problems include

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How to prevent type 1 diabetes

ANS TYPE:

symptoms prevention

FOCUS:

1 diabetes

TARGET:

prevent type

CHOSEN ANS:

diabetic kidney disease can be prevented by keeping blood glucose in your target range. research has shown that tight blood glucose control reduces the risk of microalbuminuria by one third. in people who already had microalbuminuria, the risk of progressing to macroalbuminuria was cut in half. other studies have suggested that tight control can reverse microalbuminuria.

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How to cure type 1 diabetes

ANS TYPE:

treatment

FOCUS:

1 diabetes

TARGET:

cure type

CHOSEN ANS:

because type 1 diabetes can start quickly and the symptoms can be severe, people who have just been diagnosed may need to stay in the hospital. if you have just been diagnosed with type 1 diabetes, youmay need tohave a checkup each week until you have good control over your blood sugar. your health care provider will review the results of your home blood sugar monitoring and urine testing. your provider will also look at your diary of meals, snacks, and insulin injections. it may take a few weeks to match the insulin doses to your meal and activity schedule. as the disease gets more stable, you will have fewer follow-up visits. visiting your health care provider is very important so you can monitor any long-term problems from diabetes. you are the most important person in managing your diabetes. you should know the basic steps to diabetes management: <ul><li>how to recognize and treat low blood sugar (hypoglycemia)</li><li>how to recognize and treat high blood sugar (hyperglycemia)</li><li>diabetes meal planning</li><li>how to give insulin</li><li>how to check blood glucose and urine ketones</li><li>how to adjust insulin and food when you exercise</li><li>how to handle sick days</li><li>where to buy diabetes supplies and how to store them</li></ul>insulin insulin lowers blood sugar by allowing it to leave the bloodstream and enter cells. everyone with type 1 diabetes must take insulin every day. insulin must be injected under the skin using a syringe, insulin pen or pump. it cannot be taken by mouth because the acid in the stomach destroys insulin. insulin types differ in how fast they start to work and how long they last. the health care provider will choose the best type of insulin for you and will tell you at what time of day to use it.sometypesof insulin may be mixed together in an injection to get the best blood glucose control. other types of insulin should never be mixed. you may need insulin shots from one to four times a day. your health care provider or diabetes nurse educator will teach you how to give insulin injections. at first, a child's injections may be given by a parent or other adult. by age 14, most children can give their own injections. people with diabetes need to know how to adjust the amount of insulin they are taking: <ul><li>when they exercise</li><li>when they are sick</li><li>when they will be eating more or less food and calories</li><li>when they are traveling</li></ul> diet and exercise by testing their blood sugar level, people with type 1 diabetes learn which foods and activities raise or lower their sugar level most. this helps them adjust their insulin doses to specific meals or activities to prevent blood sugar from becoming too high or low. the american diabetes association and the american dietetic association have information for planning healthy, balanced meals. it can help to talk with a registered dietitian or nutrition counselor. regular exercise helps control the amount of sugar in the blood. it also helps burn extra calories and fat to reach a healthy weight. talk toyour health care provider before starting any exercise program. people with type 1 diabetes must take special steps before, during, and after physical activity or exercise. managing your blood sugar checking your blood sugar levelyourself and writing down the results tells you how well you are managing your diabetes. talk to your doctor and diabetes educator about how often to check. to check your blood sugar level, you use adevice called a glucose meter. usually, you prick your finger with a small needle called a lancet to get a tiny drop of blood. you place the blood on a test strip and put the strip into the meter. the meter gives you a reading that tells you the level of your blood sugar. keep a record of your blood sugar for yourself and your doctor or nurse. the numberswill help if you have problems managing your diabetes. you and your doctor should set a target goal for your blood sugar level at different times during the day. you should also plan what to do when your blood sugar is too low or high. low blood sugar is called hypoglycemia. blood sugar levels below 70 mg/dl are too low and can harm you. foot care people with diabetes are more likely than those without diabetes to have foot problems. diabetes damages the nerves. this can make you less able to feel pressure on the foot. you may not notice a foot injury until you get a severe infection. diabetes can also damage blood vessels. small sores or breaks in the skin may become deeper skin sores (ulcers). the affected limb may need to be amputated if these skin ulcers do not heal or become larger, deeper, or infected. to prevent problems with your feet: <ul><li>stop smoking if you smoke.</li><li>improve control of your blood sugar.</li><li>get a foot exam by your health care provider at least twice a year and learn whether you have nerve damage.</li><li>check and care for your feet every day. this is very important when you already have nerve or blood vessel damage or foot problems.</li><li>make sure you wear the right kind of shoes. ask your health care provider what is right for you.</li></ul>preventing complications your doctor may prescribe medicines or other treatments to reduce your chance of developing eye disease, kidney disease, and other conditions that are common in people with diabetes. these conditions are called complications of diabetes.

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How to heal type 1 diabetes

ANS TYPE:

treatment

FOCUS:

1 diabetes

TARGET:

heal type

CHOSEN ANS:

because type 1 diabetes can start quickly and the symptoms can be severe, people who have just been diagnosed may need to stay in the hospital. if you have just been diagnosed with type 1 diabetes, youmay need tohave a checkup each week until you have good control over your blood sugar. your health care provider will review the results of your home blood sugar monitoring and urine testing. your provider will also look at your diary of meals, snacks, and insulin injections. it may take a few weeks to match the insulin doses to your meal and activity schedule. as the disease gets more stable, you will have fewer follow-up visits. visiting your health care provider is very important so you can monitor any long-term problems from diabetes. you are the most important person in managing your diabetes. you should know the basic steps to diabetes management: <ul><li>how to recognize and treat low blood sugar (hypoglycemia)</li><li>how to recognize and treat high blood sugar 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care provider or diabetes nurse educator will teach you how to give insulin injections. at first, a child's injections may be given by a parent or other adult. by age 14, most children can give their own injections. people with diabetes need to know how to adjust the amount of insulin they are taking: <ul><li>when they exercise</li><li>when they are sick</li><li>when they will be eating more or less food and calories</li><li>when they are traveling</li></ul> diet and exercise by testing their blood sugar level, people with type 1 diabetes learn which foods and activities raise or lower their sugar level most. this helps them adjust their insulin doses to specific meals or activities to prevent blood sugar from becoming too high or low. the american diabetes association and the american dietetic association have information for planning healthy, balanced meals. it can help to talk with a registered dietitian or nutrition counselor. regular exercise helps control the amount of sugar in the blood. it also helps burn extra calories and fat to reach a healthy weight. talk toyour health care provider before starting any exercise program. people with type 1 diabetes must take special steps before, during, and after physical activity or exercise. managing your blood sugar checking your blood sugar levelyourself and writing down the results tells you how well you are managing your diabetes. talk to your doctor and diabetes educator about how often to check. to check your blood sugar level, you use adevice called a glucose meter. usually, you prick your finger with a small needle called a lancet to get a tiny drop of blood. you place the blood on a test strip and put the strip into the meter. the meter gives you a reading that tells you the level of your blood sugar. keep a record of your blood sugar for yourself and your doctor or nurse. the numberswill help if you have problems managing your diabetes. you and your doctor should set a target goal for your blood sugar level 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What are the symptoms of type 1 diabetes

ANS TYPE:

symptoms

FOCUS:

1 diabetes

TARGET:

symptoms type

CHOSEN ANS:

diabetic kidney disease can be prevented by keeping blood glucose in your target range. research has shown that tight blood glucose control reduces the risk of microalbuminuria by one third. in people who already had microalbuminuria, the risk of progressing to macroalbuminuria was cut in half. other studies have suggested that tight control can reverse microalbuminuria.

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how to treat diabetes insipidus

ANS TYPE:

treatment

FOCUS:

diabetes insipidus

TARGET:

treat

CHOSEN ANS:

individuals and families can buy health insurance through a health insurance marketplace (marketplace) available in every state. starting in 2014, all new health insurance plans, whether sold inside or outside the marketplace, cannot deny coverage, charge more, or refuse to cover treatments because you or someone in your family has diabetes. people who meet certain income requirements may also qualify for help paying their premiums and other costs for plans purchased in the marketplace.

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What is diabetes insipidus nephrogenic

ANS TYPE:

function

FOCUS:

diabetes

TARGET:

insipidus nephrogenic

CHOSEN ANS:

when our bodies digest the protein we eat, the process creates waste products. in the kidneys, millions of tiny blood vessels (capillaries) with even tinier holes in them act as filters. as blood flows through the blood vessels, small molecules such as waste products squeeze through the holes. these waste products become part of the urine. useful substances, such as protein and red blood cells, are too big to pass through the holes in the filter and stay in the blood. diabetes can damage this system. high levels of blood glucose make the kidneys filter too much blood. all this extra work is hard on the filters. after many years, they start to leak and useful protein is lost in the urine. having small amounts of protein in the urine is called microalbuminuria. when kidney disease is diagnosed early, during microalbuminuria, several treatments may keep kidney disease from getting worse. having larger amounts of protein in the urine is called macroalbuminuria. when kidney disease is caught later during macroalbuminuria, end-stage renal disease, or esrd, usually follows. in time, the stress of overwork causes the kidneys to lose their filtering ability. waste products then start to build up in the blood. finally, the kidneys fail. this failure, esrd, is very serious. a person with esrd needs to have a kidney transplant or to have the blood filtered by machine (dialysis).

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How to prevent type 2 diabetes

ANS TYPE:

symptoms prevention

FOCUS:

2 diabetes

TARGET:

prevent type

CHOSEN ANS: