

Diabetes mellitus (type 1, type 2) & diabetic ketoacidosis (DKA)

- In diabetes mellitus, your body has trouble moving glucose from your blood into your cells. This leads to high levels of glucose in your blood and not enough of it in the cells. Not letting the glucose enter means that the cells starve for energy despite having glucose right on their doorstep. Diabetes mellitus is diagnosed when the blood glucose levels get too high. In type 1 diabetes, there is a genetic abnormality that causes a loss of self-tolerance among T cells that specifically target the beta cell antigens. This means that these T cells are allowed to recruit other immune cells and coordinate an attack on these beta cells. Losing beta cells means less insulin and less insulin means that glucose piles up in the blood. This catabolic state leaves people feeling hungry, also known as polyphagia, glycosuria, polyuria, and polydipsia. One really serious complication with type 1 diabetes is called diabetic ketoacidosis, or [UNK] [UNK] can happen even in people with diabetes, and currently have some sort of insulin therapy. In states of stress, like an infection, the body releases epinephrine, which in turn stimulates the release of glucagon. Too much glucagon can tip the delicate hormonal balance of insulin and glucagon.
- High glucose levels can cause damage to tiny blood vessels, called the microvasculature. In the eyes, diabetes can lead to retinopathy and can eventually lead to blindness. Diabetes increases the risk of heart attacks and strokes—major causes of morbidity and mortality for patients with diabetes.

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