

# Diabetes its types, consequences, psychological issues

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**ASSIGN  
BUSTER**

## Diabetes – Its Types, Consequences, Psychological Issues

### Question 1-

A definition of Diabetes type 2 and obesity.

(including a valid source of reference)

specific inclusion criteria for referral to exercise, if appropriate.

Diabetes is a metabolic disorder characterized by resistance to the action of insulin, insufficient insulin secretion, or both.

Type 2 diabetes is characterized by insulin resistance and at least initially a relative lack of insulin secretion. Most individuals with type 2 diabetes exhibit abnormal obesity which itself causes insulin resistance (Dipiro et al 1333)

Obesity is strongly linked to type 2 diabetes. The most common definition of obesity is the body mass index greater than 30 kg/ m<sup>2</sup>. Obesity and physical inactivity were the principle factors associated with diabetes, and waist circumference, a measure of intra abdominal fat, was the strongest predictor of glucose tolerance (Pinkney 232)

Gerontol (1075) reported that life style modification was exceptionally effective in preventing diabetes in older individuals. This finding was largely explained by greater weight loss and physical activity. A lifestyle modification program can be recommended for older individuals at high risk for type 2 diabetes.

Aerobic activity (e. g. swimming, walking, running) is preferred type of exercise because of its desirable hypoglycemic effects (promotes utilization of glucose as fuel), as well as desirable effects upon cardiovascular health, hypertension, lipid profiles, circulation, and weight loss efforts).

Anaerobic activity (e. g. weight lifting should be generally avoided by people

with diabetes unless it has been specifically approved by appropriate medical specialists such as cardiologists or an ophthalmologists.

The physical activity plan should be consistent with regard to frequency (daily, or at least 3-4 days per week), intensity and duration (Shargel et al 1039).

question 2.

psychological issues: stage of change and behavioural strategies.

discuss the clients stage of change (as part of the trans-theoretical model)

and how would you assist the client in adopting a healthy lifestyle - to

incorporate regular participation in physical activity/exercise/ thus, provide details of which behavioural strategies you felt would be appropriate and discuss how best to use them with the client in hand.

Diabetics may at some point feel angry towards the doctor, their family, themselves, or life itself for this discouraging turn of events. There may be also be a time of sadness or depression as they grieve over what might have been.

Because this is such a difficult time, diabetics should be taught only the essentials at first. All they really want to know at this early stage is what they need to do in order to survive-what they should eat today and tomorrow and how to take their medication. The responsibility of the educator is i) to identify their needs and ii) to develop a plan to teach them how to manage their diabetes on daily basis. As diabetics master skills that allow them to care for themselves, such as self-testing of blood glucose and meal planning, their self-esteem is restored and the power of decision-making is regained (Kilo 123)

question 3.

provide any additional considerations you would need to make as a referral programme consultant in dealing with this client. these include particular safety issues, such as dealing with exercise-induced risks (e. g hypoglycaemic attacks etc) and pre-requisites to the client commencing the exercise programme (eg clothing/footwear issues etc if appropriate.

The conscious patient with hypoglycemia should or must be encouraged to take sugra, chocolate, sweet tea, dextrose tablets, etc. Semi-conscious or comatose patients require intra-venous glucose 50% or intramuscular glucagons (1 mg) (Greene 421)

Because diabetes is a self managed condition, successful models of care must focus on strategies that promote and maintain improved self-care behavior. The benefits of intensive treatment should be explained in terms of increased personal freedom and the treatment plan should incorporate patients goals.