

History and magnitude of problem health and social care essay



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Brooke King History and Magnitude of the Problem Diabetes has an exquisite deep rooted history. Around 1500 BC, ancient Egyptian physicians reported evidence of a malady assumed to be diabetes in a written document titled Ebers Papyrus. Subsequently, the growing awareness of the suspected malady by ancient Indian physicians motivated them to come up with their own method for diagnosing diabetes in people around 600 BC. They conducted the test by attempting to determine if flies and ants were attracted to the urine of patients whom they suspected had diabetes and observed that the flies were indeed attracted to the urine of these subjects. Thus, the suspected malady was named " madhumeha" or " honey urine" based on the presumed sweetness of the patient's urine. Also, the patients experienced common symptoms of frequently being thirsty and having smelly breath (Zajac, Shrestha, Patel, & Poretsky, 2010). The suspected disease was named " diabetes" for the first time by Greek physicians around 230 BC. They defined the term " diabetes" in Greek which means " to pass through" (Zajac et al., 2010). Although physicians around the world began to become more and more aware of diabetes, it was very difficult for them to pinpoint the exact cause of this disease (Zajac et al., 2010). In 1910, health professionals began to figure out ways to find a cause and way to treat diabetes. It was around this time that an American physician discovered that the role of the pancreas in our bodies is to produce a hormone called insulin. This was determined on the basis that the urine testing of his diabetes patients revealed many sugar molecules. Thus, it was concluded that maybe the pancreas of these diabetes patients was not able to secrete insulin which would aid in the proper breakdown of the sugar in the patients' body. As a result, the sugar would be excreted in large amounts within the urine of

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these patients. It was this discovery that paved the way for health professionals to attempt treating diabetes for the first time. Their treatment for patients with diabetes was that they could not drink any beverages or consume any foods that contained sugar and they had to exercise on a regular basis. This attempt was clearly proven to be unsuccessful because the condition of people with diabetes actually worsened over time which resulted in an ample amount of these people dying from this disease (Zajac et al., 2010). Advancement from treating diabetes through a combination of modifying eating habits and engaging in regular exercise occurred in 1921. Two researchers in Canada experimented with dogs to help find a better, effective mode of treatment for this suspected detrimental disease. They took insulin from healthy dogs and injected this insulin into dogs that were proven to have diabetes. The condition of the dogs with diabetes drastically improved. This documented finding gave a clue to health professionals around the world that introducing insulin into the bodies of humans with diabetes could possibly improve their condition as well. As injecting insulin from a healthy or non-diabetic human to a human with diabetes is not biologically possible, artificial insulin was introduced into the bodies of humans with diabetes. This form of treatment was proven to be successful because their condition began to slowly but steadily improve. Yet, some of the patients with diabetes were determined not to respond at all to the insulin treatment because their urine still tested positive for numerous amounts of sugar molecules. Thus, their body was not breaking down the injected insulin and was ultimately amplifying their condition due to the additional injected insulin. Subsequently, scientists were trying to figure out the reason for some people with diabetes responding to insulin while others

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didn't. It wasn't until 1936 a British scientist reasoned that some diabetic patients are simply more sensitive to the insulin than other diabetic patients. Thus, diabetic patients who successfully responded to the injected insulin were sensitive to the treatment while diabetic patients who unsuccessfully responded to the injected insulin were not sensitive to the treatment. The diabetic patients sensitive to the insulin injections would be known today as having type 1 diabetes while the diabetic patients insensitive to the insulin injections would be known today as having type 2 diabetes. As a result, it took several decades until patients with type 2 diabetes began to be successfully treated for their health condition (Zajac et al., 2010). During the 1950s, the first method of treatment that successfully treated type 2 diabetes was medications that could only be taken orally. This form of treatment induced the bodies of patients with type 2 diabetes to produce more of its' own insulin so their bodies can break down and lower the concentration of sugar to healthy levels. The next several decades introduced innovative ways to better control diabetes. For example, the creation of urine strips during the 1960s allowed diabetic patients the ease and comfort of measuring the levels of sugar in their urine. Thus, diabetic patients would not have to consistently go to a doctor's office to get their urine tested for its' level of sugar but rather test their own urine when the desire arises. Another innovative way to more effectively manage diabetes came about with the development of the single-use syringe which was proven to provide a more efficient and convenient method for diabetic patients to inject insulin into their bodies, according to their respective daily schedules. As a result, diabetic patients could simply inject themselves with insulin when they felt the level of sugar in their bodies was too low based on <https://assignbuster.com/history-and-magnitude-of-problem-health-and-social-care-essay/>

their blood sugar measurements. An improved advancement in controlling diabetes occurred several years later through the invention of portable glucose meters. They were proven to be a feasible way for diabetic patients to measure the levels of sugar in their blood accurately, anywhere they go and anytime they felt a need to do so. Also, needless to say, portable glucose meters are continuing to be consistently used by diabetic patients today. Furthermore, the most recent advancement in treating diabetes happened a decade later (1970s) with the creation of insulin pumps. They were intricately designed to release insulin into the bodies of diabetic patients when there was a need to raise the amount of sugar in the blood from unhealthy to healthy levels. The uniqueness behind this phenomenon was that the insulin pumps dispelled insulin in a similar way that the pancreas in our bodies releases insulin. Also, the insulin pumps were designed so that diabetic patients can comfortably carry them around everywhere they go and they continue to be frequently utilized by diabetic patients today as well (Zajac et al., 2010). The development of innovative ways to treat and manage type 2 diabetes was mainly geared towards adults as this form of diabetes was only observed to occur in this cohort of people. Yet, recently or over the last twenty years, type 2 diabetes has been frequently diagnosed in children and adolescents in the United States. Every year the number of reported cases of type 2 diabetes diagnoses among U. S. children and adolescents has been rapidly increasing. This has given a clue to health professionals and researchers at the Centers for Disease Control and Prevention that our youth are becoming the primary victims of this chronic disease which could affect them for a lifetime (Centers for Disease Control and Prevention [CDC], 2013). Also, the increase in the frequency of <https://assignbuster.com/history-and-magnitude-of-problem-health-and-social-care-essay/>

reported type 2 diabetes cases reveals that the number of newly reported and existing cases of type 2 diabetes has cumulatively been increased by one-third during the last ten years (Kaufman, 2002). However, a study focused on the impact that type 2 diabetes has been having on our children and adolescents called SEARCH addressed a research gap by discovering that this form of diabetes rarely occurred in children, who were classified as being younger than 10 years old, when considering the races of all these children (CDC, 2013). Thus, this finding gave new insight to researchers involved in the study that type 2 diabetes is more prevalent in adolescents than in children. For instance, during 2001, the prevalence of type 2 diabetes was 0.4/1,000 people for adolescents, when taking into account all races (CDC, 2013). This prevalence represents the percentages of type 2 diabetes cases among adolescents for the following races: 6% in Non-Hispanic White, 33% in African American, 40% in Asian/Pacific Islander and 76% in American Indian (CDC, 2013). Yet, based on the most recent data, African American adolescents had one of the highest rates of newly diagnosed cases for type 2 diabetes, soaring at an incidence rate of 41.7/100,000 annually (CDC, 2013). For the purpose of this review paper, we will focus on type 2 diabetes among African-American adolescents with an emphasis on health determinants that could influence this health issue, the theoretical relevance that addressed the origins and/or outcomes of this health issue, and programs and interventions that have been developed and implemented to address this health issue.