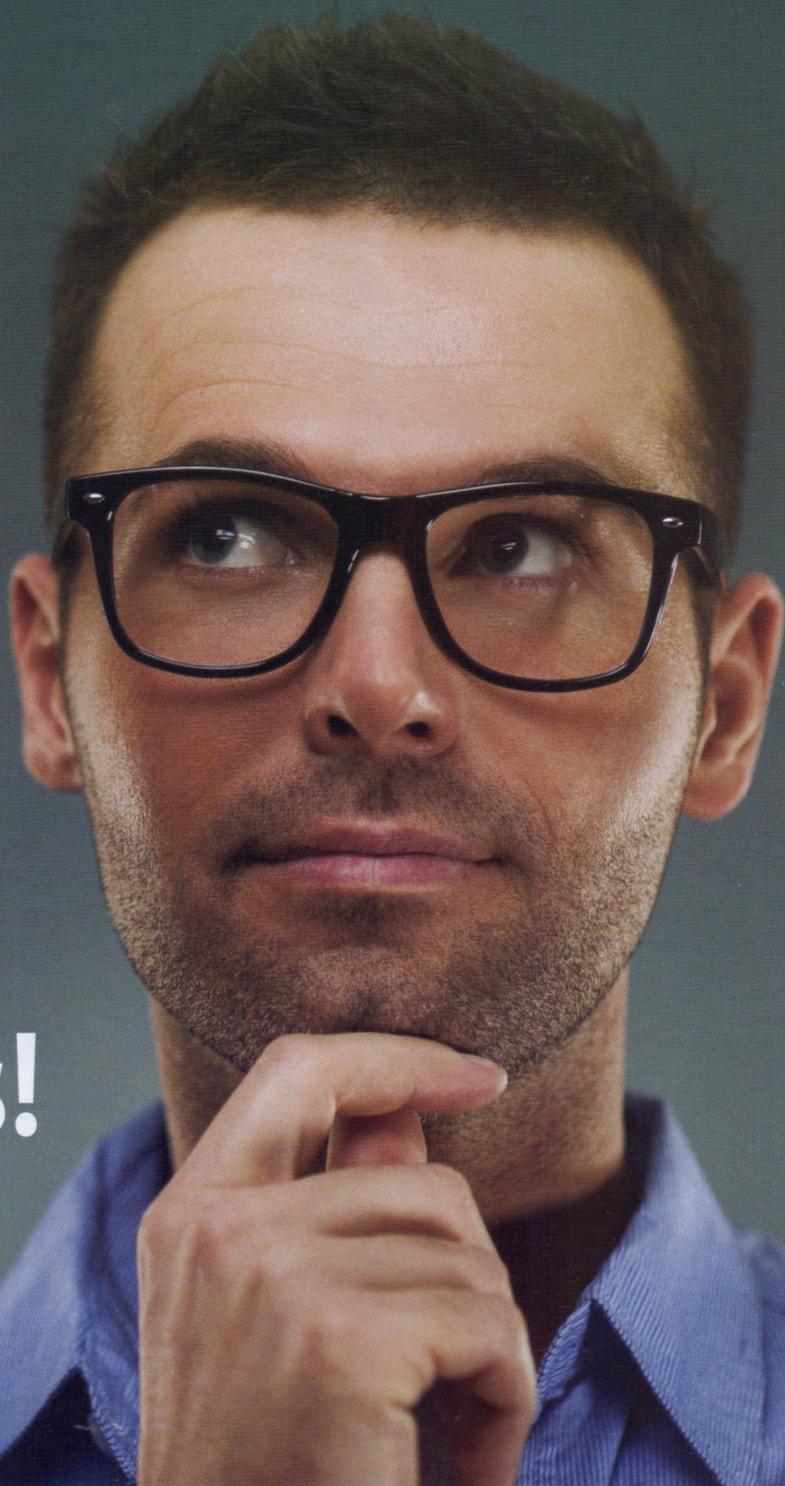




The lower the better? Not always!



Obviously, we are talking about diabetes – sugar – here. For decades, the main stress in the treatment of diabetes had been to bring DOWN the sugars. “Eat less, work more, take your drugs” predominates the advice cocktail of all diabetics! More often than not, the possibility of the sugars going down than what is intended (hypoglycaemia) is often left for the last and mostly forgotten. It's only when the patient goes through one episode of hypoglycaemic symptoms, does the patient as well as the doctor rise

to the occasion – to address the prevention and management aspects of hypoglycaemia in the treatment of diabetes.

What is hypoglycaemia?

Hypoglycaemia is defined as a blood sugar less than 70 mg% (for all practical purposes). As we all know, the treatment of diabetes involves LSM, tablets and insulin. Most of the commonly used tablets and the common types of insulin are known to cause hypoglycaemia. It is not always the fault of the drug;

sometimes the patients themselves contribute to hypoglycaemia by taking lesser amount of food or exercising more than usual with no snacks. Off late, there had been a surge of newer drugs – both tablets and injections – which causes less or no hypoglycaemia; however they are costlier.

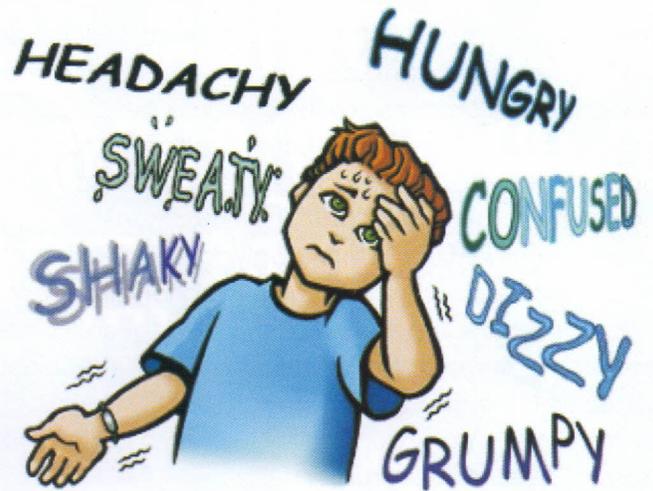
Why should we be concerned about hypoglycaemia?

During the initial phases of treatment of diabetes, if the patient experiences a "low sugar symptom", he/she loses confidence in the treatment as well as the doctor. It is natural for the patient to think that the treatment of the disease is more problematic than the disease itself! Though less common, there are patients (especially those on insulin) who think that they will die in sleep if they take the drugs in a dose which THEY think is higher. Although this is not impossible, it is not as much a risk as they think unless they are also suffering from another coexistent problem like kidney disease or heart disease. This "fear of death" will prevent them from taking the NECESSARY dose of drug, thus leading to persistent uncontrolled diabetes. They are the ones who will land up in long term complications of diabetes, in spite of 'taking treatment for years together'.

How to identify hypoglycaemia?

During daytime (when you are not sleeping), hypoglycaemia may be identified by symptoms like 1.Shakiness 2.Dizziness 3.Sweating 4.Hunger 5.Irritability 6.Anxiety or nervousness 7.Headache. Mind you, these symptoms may be due to other reasons as well, so it is always best to check your sugars at that time (a glucometer at home is always welcome for a diabetic).

During night time (when you are sleeping), it is possible that you may not recognise mild hypoglycaemic symptoms. But the presence of damp sheets or bedclothes due to perspiration, nightmares, tiredness, irritability or confusion upon waking are all suggestive evidence that you could have had a hypoglycaemia at night. The best course of action would be to check your sugar between 3 am and 4 am the next day.



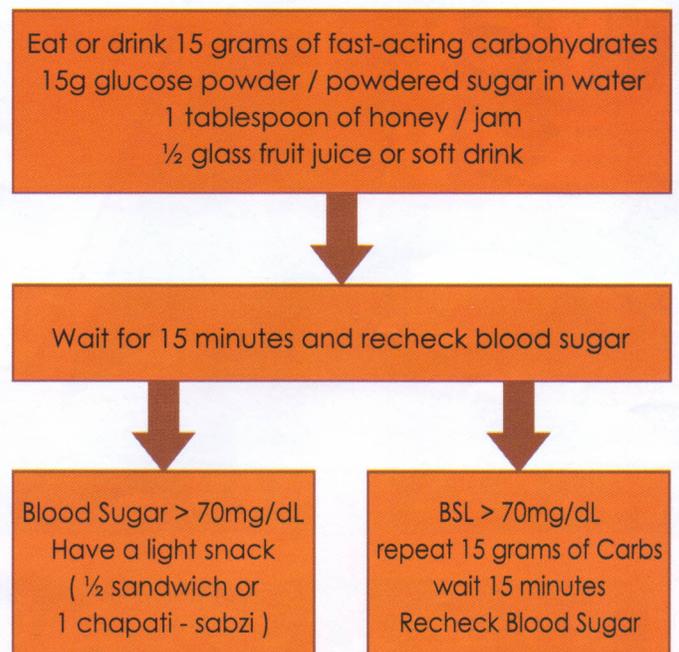
Severe untreated hypoglycaemia may cause convulsions (fits), persistent unconsciousness and rarely death.

What to do ?

First of all, do not ignore your symptoms even if they are mild. Take your doctor's advice at the earliest. It would be great if you have recorded the sugar levels while you had symptoms. Ignoring the symptoms can cause injury or damage to yourself as well as others (for e.g. if you are driving).

Can I treat myself during a hypo?

Of course, provided you are capable enough to do that. Self treatment of hypoglycaemia involves taking 15 grams of carbohydrates, and then rechecking after 15 min, till your sugar gets above 100 mg%. It is best to avoid further doses of your antidiabetic drugs till you get back to your doctor within the next 24 hours.



The above chart of treatment is applicable for those who are conscious and able to take oral feeds. If the patient is unconscious, nothing should be given by mouth ideally, because there is chance for the patient to aspirate and cause problems with breathing. The only way of treatment of an unconscious patient with hypoglycaemia is to inject glucose intravenously or to give injection glucagon intramuscularly. The patient should be taken to the hospital as soon as possible where, after the initial treatment, the doctor will help you identify the exact reason of hypoglycaemia, and will also adjust the dose of the diabetes drugs.

Is alcohol intake a reason for hypoglycaemia?

This is one question which is put forward by a lot of patients. The answer is YES. There are two reasons: 1. You eat less, especially if you drink too much. 2. Alcohol impairs the production of glucose from the liver which maintains your night time glucose levels. There is an added danger with alcohol: you may become unaware of the symptoms of hypoglycaemia as well. So it is best to avoid alcohol if you are a diabetic.

Hypoglycaemia unawareness

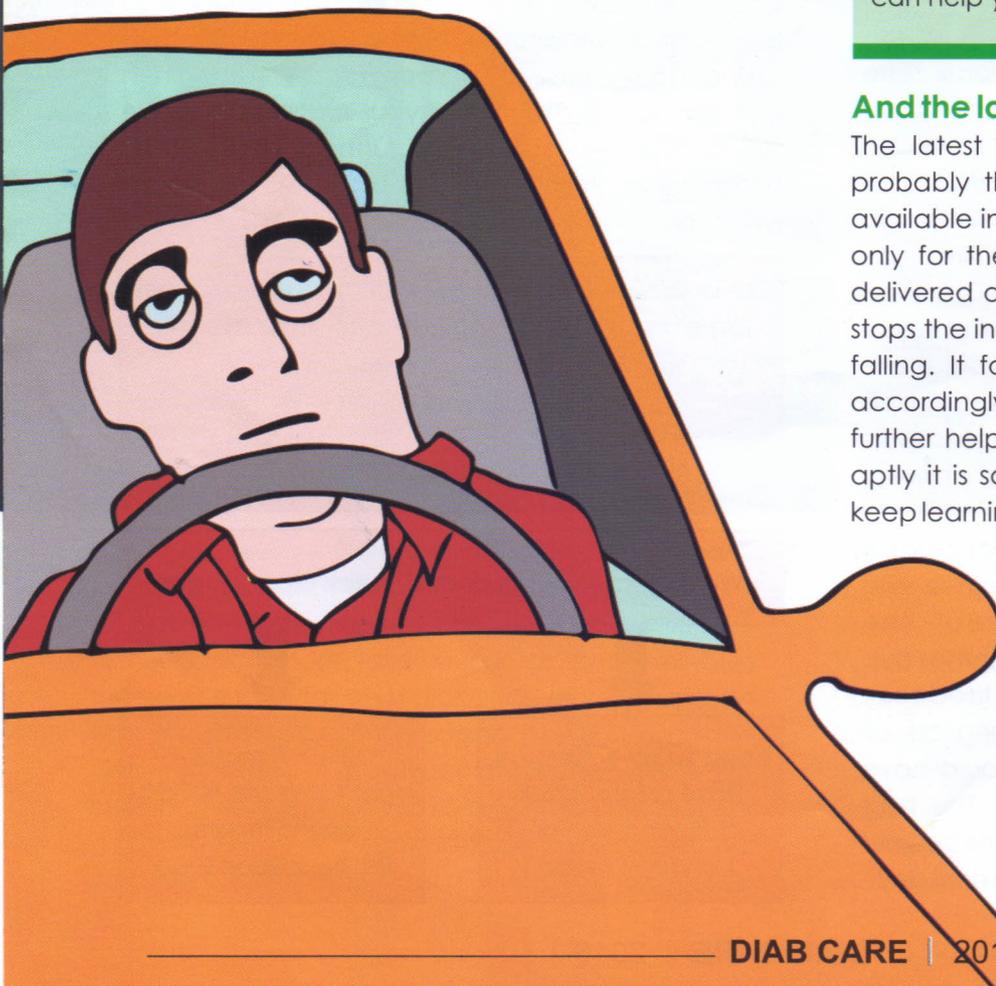
Some patients who have long standing diabetes and frequent episodes of hypoglycaemia may not get the symptoms of hypoglycaemia even if the sugar level reaches 50 to 60 mg %. This is a dangerous condition, where the patient can lapse into coma without any warning symptoms.

Tips to prevent hypoglycaemia related problems

1. Take diabetes medications in the recommended doses at the recommended times.
2. Eat regular meals, have enough food at each meal, and try not to skip meals or snacks.
3. Take a snack before starting your daily exercise.
4. Check blood glucose before, during and after sports, exercise, or other physical activity which lasts longer than 30 minutes. Take a snack if the level is below 100 mg%
5. Keep an ID card with you stating that you are a person with diabetes, so that anybody else who may find you unconscious or unresponsive can help you accordingly.

And the latest in the field

The latest invention in diabetes management is probably the newest insulin pump, which is now available in the market for around 6 to 7 lakhs (yes, only for the rich at present). It adjusts the insulin delivered according to the sugar levels, and even stops the insulin delivery way before the sugar starts falling. It foresees your hypoglycaemia and acts accordingly. We are yet to see how technology further helps out diabetics in the near future. How aptly it is said "In diabetes, knowledge is power – keep learning"!



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