

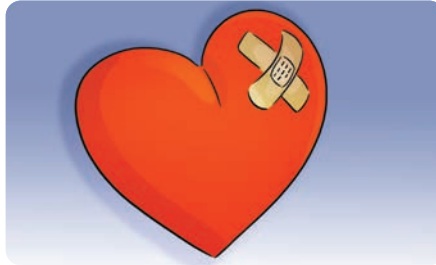
14 - Complications of diabetes

Diabetes can result in acute (short-term) and chronic (long-term) complications. These complications can be prevented by keeping blood glucose values under control.

Acute and chronic complications



Acute complications include: hypoglycaemia, hyperglycaemia, or even ketoacidosis coma or hypoglycaemic coma. They are more common in insulin-dependent individuals and people with type 1 diabetes.



Chronic complications are associated with blood glucose compensation and the duration of the illness. Prolonged poor blood glucose compensation can eventually result in damage to the heart and blood vessels, eyes, nerves and kidneys.



Cardiovascular disease: people with diabetes have a 2 to 4 times higher risk of having a cardiovascular event. These events can be prevented by monitoring not only your blood glucose but also your lipid profile, blood pressure and body weight, and by refraining from smoking.

Eye, kidney and nerve damage



Diabetic retinopathy is a complication affecting the eyes that can result in blindness unless it is treated.



Diabetic nephropathy is a complication that affects the kidneys and can result in kidney failure and the need for dialysis.



Diabetic neuropathy is a complication affecting the nerves that can cause symptoms like pain, tingling or loss of sensitivity, particularly in the legs.

Diabetic foot



Diabetes can cause a gradual loss of sensitivity in the feet.



People who lose sensitivity can injure themselves without realising it because they do not feel any pain.



Damage to the peripheral circulation slows the healing of wounds, which become infected and, unless they are treated appropriately, can result in gangrene and amputation.