

Complications with diabetic neuropathy and its symptoms

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Description

Diabetes-related high blood glucose (sugar) levels cause nerve damage known as diabetic neuropathy. Damage to the body's nerves is possible. The greatest risk for nerve injury is found in those with diabetes who have extensive histories of poor glucose control. Approximately 60%-70% of individuals with long-term diabetes have some degree of nerve damage, though not everyone experiences symptoms.

The most typical forms of diabetic neuropathy are those that impact the limbs and those that impact the body's internal organs and muscles.

■ Peripheral neuropathy

Person feet, legs, hands, and arms are all affected by the first type of peripheral neuropathy, also known as distal polyneuropathy or DPN, which impairs their sensitivity. Limbs' ability to move can also be impacted. DPN symptoms include:

- Pain, tingling, and burning
- Numbness and loss of feeling
- Muscle weakness
- Skin ulcers (open sores)

Only the loss of sense their feet may be the only symptom in about half of DPN patients. They could hurt their feet without realising it because of this loss of sense. Untreated foot wounds can result in ulcers, infections, and occasionally an amputation.

■ Autonomic neuropathy

The second kind, known as autonomic neuropathy, affects heart, eyes, sweat glands, digestive system, genital organs, and urinary

tract. Autonomic neuropathy symptoms include:

Bladder problems (loss of bladder control, not being able to fully empty the bladder, frequent urinary tract infections)

- Digestive system problems (bloating, nausea, vomiting, diarrhea, constipation)
- Erectile dysfunction in men and sexual problems in women
- Too much or too less sweating
- Dizziness when person stand up, from sudden drop in person blood pressure

Following a physical examination, doctor will inquire about symptoms. DPN should be checked once a year, or more frequently if the person have foot issues. If the person can feel light touch, pinpricks, vibrations from a tuning fork, and the touch of a small piece of nylon fibre against foot, the doctor can determine whether the person have lost feeling in feet. The posture of toes and the reflexes in person ankles may also be examined by the doctor. Testing to determine how well nerves are functioning may be required. Additionally, doctor will check to see whether the person suffer from any other diseases, such as vitamin deficiencies or issues with blood flow.

- Frequent numbness or pain in feet, legs, hands, or arms An ulcer (sore) on the person foot or leg that isn't healing
- A swollen foot or a leg infection
- Digestive problems such as bloating, nausea, vomiting or constipation
- Problems with urination or sexual function
- Dizziness when the person stands

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Although maintaining normal blood glucose levels can help to avoid further nerve damage, they typically cannot undo already done harm. If necessary, doctor may recommend certain vitamins in addition to prescribing medications for pain associated with various types of nerve injury.

Maintaining tight control of blood glucose level is the best strategy to stop damage. The person can achieve this by maintaining a healthy weight, engaging in regular exercise, and eating a healthy food. Limiting alcohol consumption and quitting smoking can both be beneficial. The person can plan healthy lifestyle with the aid of doctor or a diabetes educator.

Amputations and leg ulcers are also preventable in several ways. Keep the person feet safe by:

- Consistently wearing shoes (or slippers) and clean, dry socks; and, if necessary, scheduling routine foot care appointments with a podiatrist (foot doctor).
- Correct foot care
- Check the person feet daily and wash and dry them. Pick a regular time, such as right after take morning shower.
- Take care out for cuts, sores, blisters, calluses, redness, swelling, cracked skin, and blisters.
- Trim nails as needed or once each week.
- Avoid applying lotion between toes, only on dry skin.