

Insulin therapy in type 1 diabetes: Diagnosis and therapeutic strategies

Kris Ishain*



Received: 26-Apr-2024, Manuscript No. FMDM-24-141026; **Editor assigned:** 29-Apr-2024, PreQC No. FMDM-24-141026 (PQ); **Reviewed:** 13-May-2024, QC No. FMDM-24-141026; **Revised:** 20-May-2024, Manuscript No. FMDM-24-141026 (R); **Published:** 27-May-2024, DOI: 10.37532/1758-1907.2024.14(3).625-627.

Description

Type 1 Diabetes (T1D) is a chronic condition that affects millions worldwide, characterized by the immune system's misguided attack on insulin-producing beta cells in the pancreas. This autoimmune assault leads to a deficiency in insulin production, the hormone important for regulating blood sugar levels [1].

■ The role of insulin

Insulin is a vital hormone responsible for facilitating the absorption of glucose from the bloodstream into cells, where it is used for energy. In individuals with T1D, the destruction of beta cells means insulin production is severely compromised or halted altogether. Without sufficient insulin, glucose accumulates in the bloodstream, leading to hyperglycemia (high blood sugar levels), which can have serious immediate and long-term health consequences [2-4].

■ Autoimmune origins

The exact cause of the autoimmune response in T1D remains complex and multifaceted. It is believed to involve a combination of genetic predisposition and environmental triggers. Certain genetic markers make individuals more susceptible to developing T1D, but these alone are not sufficient. Environmental factors, such as viral infections or dietary factors, may also play a role in triggering the autoimmune attack on beta cells in genetically predisposed individuals [5,6].

■ Diagnosis and management

Diagnosing T1D typically involves blood tests that measure blood glucose levels and detect the presence of autoantibodies that target beta cells. Early symptoms can include increased thirst, frequent urination, sudden weight loss, and fatigue. Prompt diagnosis and management are crucial to prevent complications.

■ Treatment options

Managing T1D revolves around replacing the lost insulin through multiple daily injections or an insulin pump. The goal is to maintain blood glucose levels within a target range to reduce the risk of both short-term hypoglycemia (low blood sugar) and long-term complications such as kidney disease, nerve damage, and cardiovascular issues [7,8].

■ Advancements in research

Ongoing research into T1D aims to better understand its underlying mechanisms, improve diagnostic tools, and develop new treatment strategies. Emerging therapies include immunomodulatory drugs that could potentially preserve remaining beta cells or even regenerate them, offering hope for more effective management and, eventually, a cure [9].

■ Living with type 1 diabetes

Living with T1D requires constant vigilance, as individuals must monitor their blood sugar levels, adjust insulin doses, and make dietary

Department of Endocrinology, Machakos University, Machakos, Kenya

*Author for correspondence: E-mail: Krisishain11@hotmail.com

and lifestyle choices that support stable glucose control. Education and support networks plays important role in empowering patients and their families to manage the condition effectively and lead full, active lives.

Type 1 diabetes is a challenging condition that arises from the body's own immune system turning against itself. While currently there is no cure, ongoing research offers potential for improved treatments and ultimately a cure. Until then, advances in management and support systems continue to enhance the quality of life for those living with T1D. Increased awareness,

research funding, and support for individuals and families affected by this condition are essential steps towards a future without Type 1 diabetes [10].

Conclusion

Understanding Type 1 diabetes involves grasping the complex exchange of genetics, immunity, and environmental factors that underscore its development. Through continued research and community support, we strive towards better management and, ultimately, a cure for this challenging autoimmune condition.

References

1. American Diabetes Association. Standards of Medical Care in Diabetes-2022 Abridged For Primary Care Providers. *Clin Diabetes*. 40(1):10-38 (2022).
2. International Diabetes Federation. IDF Diabetes Atlas, 9th Edition. Brussels, Belgium, (2019).
3. Polonsky WH, Fisher L. Self-Monitoring of Blood Glucose in Noninsulin-Using Type 2 Diabetic Patients: Right Answer, But Wrong Question: Self-Monitoring of Blood Glucose can be Clinically Valuable for Noninsulin Users. *Diabetes Care*. 36(1):179-182 (2013).
4. Fabrizi D. Patient Self-Care and Caregiver Contribution to Self-Care in Type 2 Diabetes Mellitus: Exploring the Association with Glycemic Control and Identifying Dyadic Patterns of Care. *Bicocca Open Archive*. 14(4), 327-336 (2017).
5. Bergenstal RM, Ahmann AJ, Bailey T, et al. Recommendations for Standardizing Glucose Reporting and Analysis to Optimize Clinical Decision Making in Diabetes: The Ambulatory Glucose Profile (AGP). *Diabetes Technol Ther* 15(3): 198-211 (2013).
6. Hayashi T, Juliet PAR, Miyazaki A, et al. High Glucose Downregulates the Number of Caveolae in Monocytes Through Oxidative Stress from NADPH Oxidase: Implications for Atherosclerosis. *Biochim Biophys Acta*. 1772, 364-372. (2007)
7. Rodbard D. Continuous Glucose Monitoring: A Review of Successes, Challenges, and Opportunities. *Diabetes Technol Ther* 18(S2):S2-S3 (2016).
8. Bailey TS, Grunberger G, Bode BW, et al. American Association of Clinical Endocrinologists and American College of Endocrinology 2016 Outpatient Glucose Monitoring Consensus Statement. *Endocr Pract*. 22(2):231-262 (2016).
9. Herder M, Arntzen K A, Johnsen SH, et al. Long-Term Use of Lipid-Lowering Drugs Slows Progression of Carotid Atherosclerosis: The Tromso Study 1994 to 2008. *Arterioscler Thromb Vasc Biol*. 33(4):858-862 (2013).
10. Peng J, Luo F, Peng R, et al. Hypertriglyceridemia and Atherosclerosis. *Lipids Health Dis*. 16(3):1-12 (2017)