

A short note on types of nondiabetic hypoglycaemia

Levy Winston*

Introduction

Non-diabetic hypoglycemia is when the sugar (glucose) in the blood is too low. This can occur even in people who do not have diabetes. There are two types of non-diabetic hypoglycemia: fasting hypoglycemia and reactive hypoglycemia. Fasting hypoglycemia often occurs when people have not eaten for eight hours or more.¹ Reactive hypoglycemia usually occurs about 2 to 4 hours after eating. When your blood sugar is low, your muscles and brain cells don't have enough energy to function properly. Signs and symptoms of non-diabetic hypoglycemia include blurred vision or blurred vision, dizziness, light headedness, or tremors, fatigue and weakness, increased or higher heart rate, headache, nausea or hunger, anxiety, Includes irritability or confusion, excessive sweating. Alcohol interferes with normal blood sugar regulation and can produce highs and lows that contribute to alcoholism in some people. It is helpful for those trying to limit their alcohol intake. This includes choosing foods that contain fiber, protein and healthy fats.

Description

Drinking with food rather than on an empty stomach can help reduce some of the effects of alcohol on blood sugar levels. If you pass out or nod after a few drinks, it may indicate hypoglycemia, making you more vulnerable to drinking.

Underlying medical conditions may cause hypoglycemia. Kidney failure (kidney disease) can cause hypoglycemia for a variety of reasons, including: it reduces the ability of the kidneys to secrete insulin, slows the process of renal gluconeogenesis, slows the metabolism of drugs that cause hypoglycemia, suppresses appetite, eats less, and makes it difficult to maintain adequate glucose levels to impaired liver function, such as liver disease, hepatitis, and liver cancer, can lead to spontaneous hypoglycemia, as the liver also plays a central role in maintaining balanced glucose levels.² A genetic condition called glycogen storage disease causes enlarged liver

and low blood sugar caused by the inability to break down glycogen for energy.

In addition to insulin, various hormones influence glucose regulation. Growth hormone from the pituitary gland and cortisol from the adrenal glands help maintain balanced blood glucose levels. It may cause blood sugar.³ Hormonal changes associated with hypothyroidism (low levels of thyroid hormone) can also lead to low blood sugar levels. This effect occurs in both children and adults with hypothyroidism and should be monitored as part of a comprehensive treatment plan. A rare pancreatic tumor called an insulinoma can cause more insulin than the body needs and can cause hypoglycemia.⁴ Doctors don't know exactly what causes insulinomas to grow, but they don't tend to spread to other parts of the body. Insulinoma most commonly affects women between the ages of 40 and her 60s. It may take time to make an accurate diagnosis, but once the insulinoma is removed, the symptoms should go away.

Conclusion

Hypoglycemia is usually a symptom of another health problem or lifestyle imbalance and should be addressed. If you have these symptoms and think they may be related to your medication, talk to your doctor to see if adjustments are needed. If you think your symptoms are due to poor food intake try eating complex carbohydrates more consistently to maintain normal blood sugar levels. May cause severe symptoms such as slurred, blurred or double vision, seizures, or loss of consciousness. If you experience any of these symptoms, contact your doctor immediately. Low blood sugar can cause fainting, so it's a good idea to talk to anyone you hang out with about your condition so they know what to do in an emergency.

Acknowledgement

None

Conflict of interest

The author has nothing to disclose and also state no conflict of interest in the submission of this manuscript.

References

1. Scheen AJ. Glucose-lowering agents and risk of ventricular arrhythmias and sudden cardiac death: a comprehensive review ranging from sulphonylureas to SGLT2 inhibitors. *Diabetes Metab*; 2022;2:101405.
2. Rozance PJ. Hypoglycemia in the newborn and neurodevelopmental outcomes in childhood. *JAMA*; 2022;327:12:1135-1137.

Department of Medicine, University of Colorado School of Medicine, USA

Corresponding author: Levy Winston

E-mail: winston01@ll.edu

Received: 03 October 2022, Manuscript No. ajdm-22-80433;

Editor assigned: 05 October 2022, Pre QC No ajdm-22-80433(PQ); Reviewed: 19 October 2022, QC No ajdm-22-80433;

Revised: 24 October 2022, Manuscript No. ajdm-22-80433(R); Published: 31 October 2022

Short Communication

3. Hay WW. Symptomatic or asymptomatic neonatal hypoglycemia-can one tell the difference?. *J Pediatr*; 2022;245:7-9.
4. Davenport A. Peri-dialytic hypoglycemia with hemodialysis and online post-dilutional hemodiafiltration. *Ther Apher Dial*; 2022;26:6:1148-1155.