

An overview on the management of cystic fibrosis related diabetes

Albert Linda*

Introduction

Cystic fibrosis diabetes is the most common type of diabetes in people with cystic fibrosis. A person with cystic fibrosis can develop type 1 or type 2 diabetes, but cystic fibrosis diabetes is a separate condition. Although it has characteristics of both types 1 and 2, there are differences in the onset and treatment methods. It is usually diagnosed before the age of one and is caused by both parents inheriting her faulty CFTR gene. People with cystic fibrosis produce thick mucus that can build up in their lungs, pancreas, and other organs. This can cause a variety of symptoms, including breathing problems, lung infections, and food digestion problems. The build-up of mucus caused by cystic fibrosis can lead to inflammation and scarring of the pancreas. This can damage insulin-producing cells and cause high blood sugar levels. Since the pancreas cannot produce enough insulin, blood sugar levels may continue to rise. Most cases of cystic fibrosis diabetes are diagnosed before symptoms appear. This is why screening for diabetes is so important as part of on-going cystic fibrosis management.

Description

Symptoms of cystic fibrosis diabetes include more frequent chest infections, weight loss, being very thirsty, frequent trips to the bathroom, and feeling more tired than usual. If you experience any of these symptoms, it's important to contact your health care team immediately. Please wait until the next regular check-up. Left untreated, high blood sugar can lead to weight loss, frequent chest infections, and decreased lung function. It can also cause diabetes complications that seriously affect parts of the body such as the eyes, feet, and heart.

It is important not to delay the diagnosis of diabetes to prevent deterioration of lung function. If you have symptoms of diabetes, please contact your medical team who can arrange a diagnosis. An oral glucose tolerance test or continuous glucose monitoring can be used to diagnose CFRD. Oral hypo-

glycaemia can be taken if taking insulin is difficult enough. Regular blood glucose monitoring is an important part of CFRD management. Insulin requirements may increase during the time corticosteroids are used to treat symptoms of cystic fibrosis. In many cases, diabetics with cystic fibrosis must remain on a normal high calorie, high protein, and high fat diet. It's important to realize that this dietary advice is different from the advice usually given to people with type 1 or type 2 diabetes. This can make it difficult for people with cystic fibrosis to maintain a healthy weight because they expend more energy fighting infections and maintaining lung function.

Conclusion

Hyperthyroidism is another possible link between diabetes and weight loss. It's well known that people with diabetes are more likely to develop thyroid disease than people without diabetes. The thyroid gland is the gland that controls the body's metabolism. With hyperthyroidism, your body produces excess hormones, leading to weight loss. Even if you don't have symptoms of weight loss, consider seeing a doctor if you experience any of the above symptoms. It is recommended that you consult your doctor as soon as you notice any unexpected weight loss. This can manifest as changes in clothing size, lethargy, and weakness. Involuntary weight loss is loss of body weight over 6-12 months without intervention.

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Conflict of interest

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Department of Laboratory Science, Hormozgan University of Medical Science, Iran

Corresponding author: Albert Linda

E-mail: linda@hmu.ac.ir

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