

A Brief Review on Type 2 Diabetes Management

Jagadale Ganesh*¹, Prof. Fand S.B², Prof. Randhawan B.B³, Pache Tejas⁴, Barkade Bharat⁵,

Bharajkar Rajesh⁶

Students^{1,4,5,6} Assi. Professor^{2,3}

Arihant College of Pharmacy, Kedgaon, Ahilyanagar – 414005.

Abstract:

Type 2 diabetes is a long-term health condition where the body doesn't use insulin properly, leading to high blood sugar levels. It is common worldwide and is often linked to being overweight, not getting enough exercise, and family history. In type 2 diabetes, the body either becomes resistant to insulin or doesn't make enough of it, which causes problems in controlling blood sugar. Treatment usually involves changes in diet, exercise, and medications to help control blood sugar. New drugs have been developed that not only lower blood sugar but also improve heart health. Despite better treatments, more people are being diagnosed with type 2 diabetes, making it important to find new ways to prevent and manage the disease. This article reviews what we know about type 2 diabetes, including how it happens, how it's treated, and what future research may bring.

Keywords:

Type 2 diabetes, insulin resistance, hyperglycemia, obesity, Pharmacotherapy, GLP-1 receptor agonists, SGLT-2 inhibitors, personalized, Diabetes management.

Introduction:

Type 2 diabetes is one of the most common long-term diseases in the world, affecting millions of people. It happens when the body doesn't use insulin properly, leading to high blood sugar levels. Insulin is a hormone that helps move sugar from the blood into cells for energy. In type 2 diabetes, either the body becomes resistant to insulin or the pancreas doesn't produce enough of it.

The main factors that increase the risk of developing type 2 diabetes include being overweight, lack of physical activity, and family history. Over time, high blood sugar can cause serious health problems like heart disease, kidney failure, nerve damage, and vision loss.

Managing type 2 diabetes involves making lifestyle changes, such as eating a healthy diet and exercising regularly. In many cases, medications are also needed to keep blood sugar under control. Newer treatments have been developed in recent years, which not only lower blood sugar but also help protect the heart.

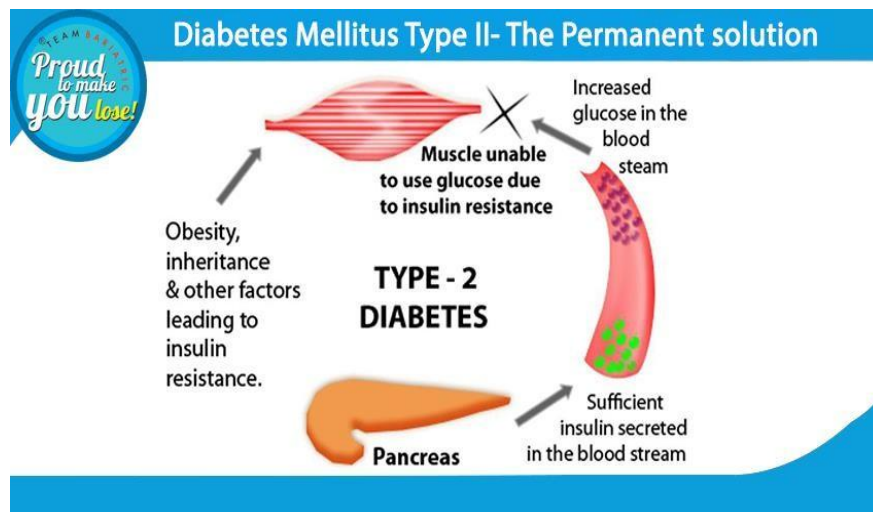
Despite better treatments, the number of people with type 2 diabetes continues to rise. This highlights the importance of early detection, better prevention strategies, and new treatments. This article will explore what causes type 2 diabetes, how it can be managed, and the latest advancements in its treatment.

Type 2 Diabetes:

Type 2 diabetes is a health condition where the body doesn't use insulin properly. Insulin is a hormone that helps sugar from the food we eat move into our cells to be used for energy. In type 2 diabetes, the body either becomes resistant to insulin or doesn't make enough of it. This causes sugar to build up in the blood, leading to high blood sugar levels.

People with type 2 diabetes often develop it due to a combination of factors, like being overweight, not getting enough exercise, and having a family history of diabetes. It usually develops gradually over time and is most common in adults, though more young people are getting it due to lifestyle factors.

If type 2 diabetes is not managed, it can lead to serious health problems like heart disease, kidney damage, nerve issues, and vision loss. Managing the condition typically involves changes to diet, increase physical activity, and take medications to control blood sugar levels. In some cases, insulin therapy might be needed. Although type 2 diabetes can't be cured, it can be managed with the right lifestyle changes and treatment.



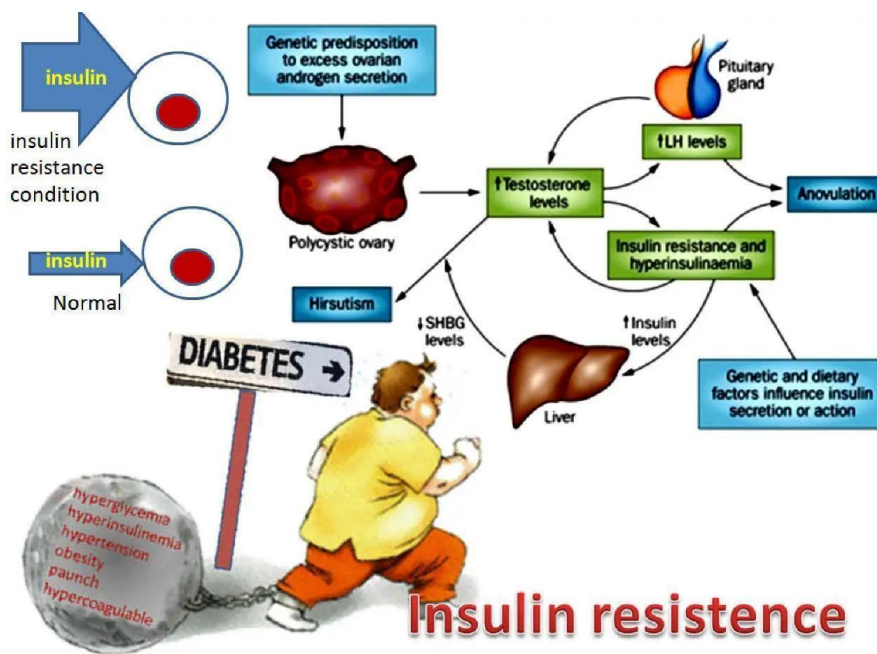
Insulin Resistance:

Insulin resistance happens when the body's cells don't respond well to insulin, a hormone that helps move sugar (glucose) from the blood into the cells for energy. When cells become resistant to insulin, the body needs to produce more insulin to help keep blood sugar levels normal. Over time, the pancreas (which makes

insulin) can't keep up with the increased demand, leading to higher blood sugar levels and, eventually, type 2 diabetes.

Insulin resistance is often linked to being overweight, not getting enough exercise, and having too much fat around the belly. It can also be influenced by genetics or a family history of diabetes. Even before diabetes develops, insulin resistance can increase the risk of heart disease and other health problems.

Improving insulin resistance can be achieved through a healthy diet, regular physical activity, and maintaining a healthy weight. These steps can help the body use insulin more effectively, lowering the risk of developing type 2 diabetes.



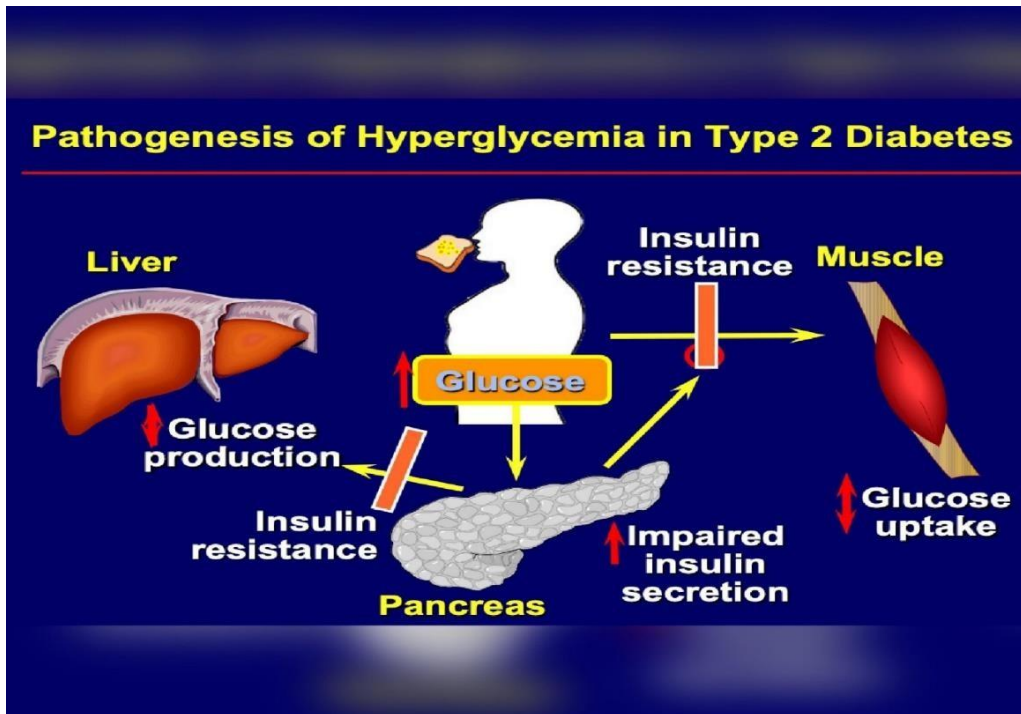
Hyperglycemia:

Hyperglycemia means having too much sugar (glucose) in the blood. This happens when the body doesn't have enough insulin, or the insulin it does have isn't working properly. Insulin helps move sugar from the blood into the cells for energy, so when it doesn't work right, sugar builds up in the blood instead.

People with diabetes, especially type 1 and type 2, are more likely to experience hyperglycemia. It can be caused by eating too much sugary or starchy food, missing medication, being stressed, or not getting enough exercise. Symptoms of hyperglycemia include feeling very thirsty, needing to pee often, feeling tired, and having blurry vision.

If hyperglycemia isn't treated, it can lead to more serious problems, like damage to the heart, kidneys,

nerves, and eyes. Managing blood sugar levels through diet, exercise, and medications can help prevent hyperglycemia and its complications.



Obesity:

Obesity means having too much body fat, which can affect your health. It's different from just being overweight, which might be from extra muscle, bone, or water. Obesity happens when you take in more calories than your body burns over time, often from eating too much and not exercising enough.

Obesity increases the risk of many health problems, such as type 2 diabetes, heart disease, high blood pressure, and certain cancers. It can also make daily activities harder and affect a person's quality of life.

Maintaining a healthy weight through a balanced diet and regular physical activity can help prevent or reduce obesity. In some cases, doctors may recommend medications or surgery to help people manage obesity and its health risks.

Lifestyle Intervention:

A lifestyle intervention means making changes in your daily habits to improve your health. This is especially important for preventing or managing conditions like type 2 diabetes or obesity. There are three main areas where changes are made:

1. Healthy Eating:

This means eating more fruits, vegetables, whole grains, and lean meats while cutting down on sugary, fatty, or processed foods. It also involves controlling portion sizes and eating mindfully.

2. Exercise:

Regular physical activity, like walking, jogging, or swimming, helps burn calories and keep your body healthy. It's good to aim for at least 30 minutes of exercise most days.

3. Changing Habits:

This includes setting goals, tracking your progress, managing stress, and improving sleep. It also means cutting out unhealthy habits like smoking or drinking too much alcohol.

Pharmacotherapy:

Pharmacotherapy refers to the use of medications to treat health conditions. In the context of diseases like type 2 diabetes, pharmacotherapy involves taking drugs that help manage blood sugar levels and control the disease. For people with type 2 diabetes, several types of medications may be used:

1. Metformin:

This is often the first medication prescribed. It helps lower blood sugar levels by improving how the body uses insulin.

2. Sulfonylureas:

These medications help the pancreas produce more insulin. GLP-1 receptor agonists:

These drugs help increase insulin production and slow down how quickly food leaves the stomach.

3. SGLT-2 inhibitors:

These help the kidneys remove extra sugar from the blood through urine.

4. Insulin therapy:

Some people may need to take insulin if their blood sugar levels are very high or if other medications aren't enough.



GLP-1 Receptor:

GLP-1 receptor refers to a specific type of receptor in the body that helps regulate blood sugar levels. GLP-1 stands for glucagon-like peptide-1, which is a hormone produced in the intestines after you eat. When GLP-1 binds to its receptor, it triggers several important actions:

1. Increases Insulin

Production: It helps the pancreas release more insulin, which lowers blood sugar levels.

Decreases Glucagon:

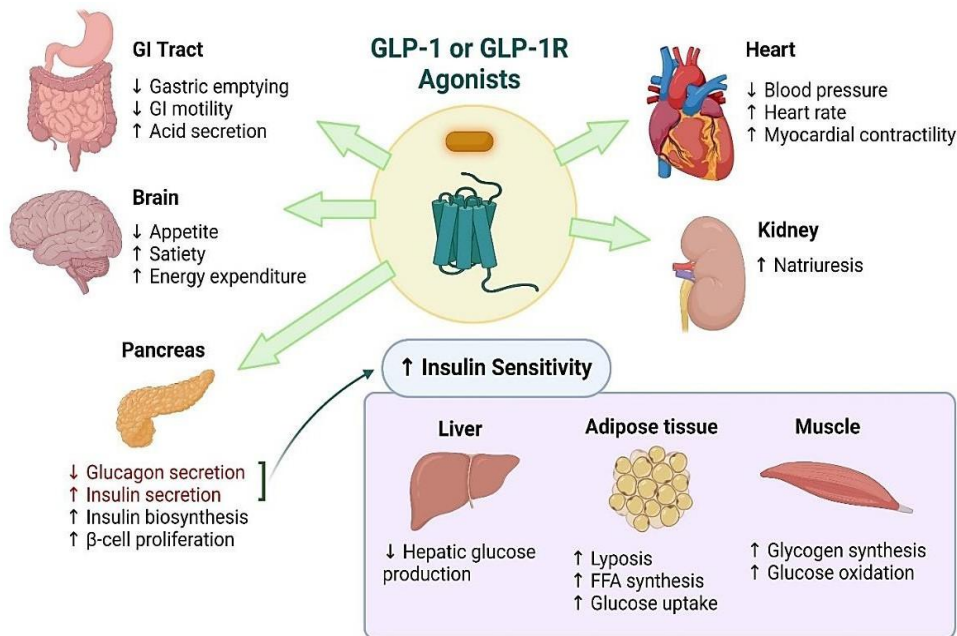
It reduces the release of glucagon, a hormone that raises blood sugar levels when it's too low.

2. Slows Digestion:

It slows down how quickly food leaves the stomach, which helps prevent spikes in blood sugar after meals.

3. Promotes Feelings of Fullness:

It helps people feel full, which can lead to eating less. Blood Sugar: Regularly checking blood sugar levels helps people understand how their diet, activity, and medications affect their glucose. This can be done with a blood glucose meter or a continuous glucose monitor.



Diabetes Management:

Diabetes management refers to the steps and strategies people use to control their blood sugar levels and maintain good health when living with diabetes. Effective management is important to prevent complications and improve quality of life. Here are the key components of diabetes management:

1. Monitoring Blood Sugar:

Regularly checking blood sugar levels helps people understand how their diet, activity, and medications affect their glucose. This can be done with a blood glucose meter or a continuous glucose monitor.

2. Healthy Eating:

Following a balanced diet that includes fruits, vegetables, whole grains, lean proteins, and healthy fats can help manage blood sugar. It's also important to control portion sizes and limit sugary and processed foods.

3. Regular Exercise:

Being physically active helps lower blood sugar levels, improve insulin sensitivity, and maintain a healthy weight. Aim for at least 30 minutes of moderate exercise most days of the week.

4. Medications:

For many people with diabetes, medications are necessary to help control blood sugar levels. This can

include pills or insulin injections, depending on the type of diabetes and individual needs.

5. Managing Stress:

High stress can affect blood sugar levels, so finding ways to relax, such as through meditation, yoga, or hobbies, is important.

6. Regular Check-ups:

Regular visits to healthcare providers help monitor overall health and catch any potential complications early. This may include eye exams, foot care, and blood pressure checks.

7. Education and Support:

Learning about diabetes and connecting with support groups can provide valuable information and encouragement.

Future Perspective:

Looking ahead, the future of Type 2 diabetes research holds promise for better treatments and possibly a cure. Advances in technology, such as continuous glucose monitoring and artificial pancreas systems, will likely improve the lives of people with diabetes. Researchers are also exploring new drugs that could manage blood sugar more effectively and reduce complications.

In addition, lifestyle interventions, like personalized diet and exercise plans, could play a bigger role in prevention. With continued research and innovation, we may find new ways to prevent, treat, or even reverse Type 2 diabetes in the years to come.

Conclusion:

1. Healthy living (better diet, exercise) is key to preventing and managing diabetes.
2. Medications help control blood sugar and prevent complications.
3. Team care with different health professionals is important for managing the disease.
4. Technology like glucose monitors makes managing diabetes easier.
5. Preventing complications early can avoid serious health problems.
6. Personalized treatments are becoming more common, tailored to each person.
7. More research is needed to improve treatments and care.
8. Public health efforts are crucial for preventing diabetes.

References :

1. Wild, S., Roglic, G., Green, A., Sicree, R., & King, H. (2004). Global prevalence of diabetes: estimates for the year 2000 and projections for 2030. *Diabetes Care*, 27(5), 1047-1053.
2. Zimmet, P., Alberti, K. G. M. M., & Shaw, J. (2001). Global and societal implications of the diabetes epidemic. **Nature**, 414(6865), 782-787.
3. DeFronzo, R. A. (2009). From the triumvirate to the ominous octet: a new paradigm for the treatment of type 2 diabetes mellitus. *Diabetes*, 58(4), 773-795.
4. Kahn, S. E., Hull, R. L., & Utzschneider, K. M. (2006). Mechanisms linking obesity to insulin resistance and type 2 diabetes. *Nature*, 444(7121), 840-846.
5. Knowler, W. C., Barrett-Connor, E., Fowler, S. E., et al. (2002). Reduction in the incidence of type 2 diabetes with lifestyle intervention or metformin. *New England Journal of Medicine*, 346(6), 393-403.
6. Tuomilehto, J., Lindström, J., Eriksson, J. G., et al. (2001). Prevention of type 2 diabetes mellitus by changes in lifestyle among subjects with impaired glucose tolerance. *New England Journal of Medicine*, 344(18), 1343-1350.
7. American Diabetes Association (2020). Standards of medical care in diabetes—2020. *Diabetes Care*, 43(Suppl 1), S1-S212.
8. Inzucchi, S. E., Bergenstal, R. M., Buse, J. B., et al. (2015). Management of hyperglycemia in type 2 diabetes, 2015: a patient-centered approach. **Diabetes Care**, 38(1), 140-149.
9. Marso, S. P., Daniels, G. H., Brown-Frandsen, K., et al. (2016). Liraglutide and cardiovascular outcomes in type 2 diabetes. *New England Journal of Medicine*, 375(4), 311-322.
10. Brownlee, M. (2005). The pathobiology of diabetic complications: a unifying mechanism. *Diabetes*, 54(6), 1615-1625.
11. Stratton, I. M., Adler, A. I., Neil, H. A., et al. (2000). Association of glycemia with macrovascular and microvascular complications of type 2 diabetes (UKPDS 35): a prospective observational study. *BMJ*, 321(7258), 405-412.
12. Pearson, E. R. (2019). Personalized medicine in diabetes: the role of ‘omics’ and biomarkers. *Diabetic Medicine*, 36(4), 431-437.
13. Beck, R. W., Riddlesworth, T., Rudy, K., et al. (2017). Effect of continuous glucose monitoring on glycemic control in adults with type 1 diabetes using insulin injections: the DIAMOND randomized clinical trial. **JAMA**, 317(4), 371-378

14. American Diabetes Association. (2023). Standards of Medical Care in Diabetes—2023. *Diabetes Care*, 46(Supplement 1), S1–S299. Doi:10.2337/dc23-Sint.
15. Defronzo, R. A., & Abdul-Ghani, M. (2021). Type 2 diabetes can be prevented with early pharmacological intervention. *Diabetes Care*, 34(Supplement 2), S202–S209..
16. Nathan, D. M., & Buse, J. B. (2020). Management of hyperglycemia in type 2 diabetes, 2020. *Diabetes Care*, 43(11), 2669–2701.
17. Diabetes Prevention Program Research Group. (2019). Long-term effects of lifestyle intervention or metformin on diabetes development and microvascular complications: The DPP Outcomes Study. *Lancet Diabetes & Endocrinology*, 7(11), 850–861.
18. Davies, M. J., D'Alessio, D. A., Fradkin, J., Kernan, W. N., Mathieu, C., Mingrone, G., Rossing, P., Tsapas, A., Wexler, D. J., & Buse, J. B. (2018). Management of hyperglycemia in type 2 diabetes, 2018: A consensus report by the American Diabetes Association (ADA) and the European Association for the Study of Diabetes (EASD). *Diabetes Care*, 41(12), 2669-2701.
18. Goyal, R., & Jialal, I. (2023). Diabetes Mellitus, Type 2. In StatPearls. StatPearls Publishing. Available from:
19. Riddle, M. C., Gerstein, H. C., Holman, R. R., & Inzucchi, S. E. (2019). Glycemic targets in type 2 diabetes: Who should target 7%? *Diabetes Care*, 42(5), 735–743.
20. Lingvay, I., Sumithran, P., Cohen, R. V., & le Roux, C. W. (2022). Obesity management as a primary treatment goal for type 2 diabetes: Time to reframe the conversation. *The Lancet*, 399(10322), 394-405.
21. Zinman, B., & Wanner, C. (2018). Effects of empagliflozin on cardiovascular and renal outcomes in patients with type 2 diabetes and high cardiovascular risk. *New England Journal of Medicine*, 373, 2117-2128.
22. Aroda, V. R., & Ratner, R. (2018). Metformin and type 2 diabetes prevention. *Diabetes Spectrum*, 31(4), 336-342.
23. Buse, J. B., Wexler, D. J., Tsapas, A., Rossing, P., Mingrone, G., Mathieu, C., D'Alessio, D. A., & Davies, M. J. (2020). 2019 update to: Management of hyperglycemia in type 2 diabetes, 2018. A consensus report by the American Diabetes Association (ADA) and the European Association for the Study of Diabetes (EASD). *Diabetes Care*, 43(2), 487-493.

24. Garber, A. J., Handelsman, Y., Grunberger, G., Einhorn, D., Abrahamson, M. J., Barzilay, J. I., Bloomgarden, Z. T., Fonseca, V. A., Garber, J. R., & Heckerman, R. (2020). Consensus statement by the American Association of Clinical Endocrinologists and American College of Endocrinology on the comprehensive type 2 diabetes management algorithm – 2020 executive summary. *Endocrine Practice*, 26(1), 107–139.
25. Holman, R. R., Paul, S. K., Bethel, M. A., Matthews, D. R., & Neil, H. A. (2008). 10-year follow-up of intensive glucose control in type 2 diabetes. *New England Journal of Medicine*, 359, 1577–1589.
26. Gregg, E. W., Chen, H., Wagenknecht, L. E., Clark, J. M., Delahanty, L. M., Bantle, J., Pownall, H. J., Johnson, K. C., Safford, M. M., Kitabchi, A. E., Wing, R. R., & Bertoni, A. G. (2012). Association of an intensive lifestyle intervention with remission of type 2 diabetes. *JAMA*, 308(23), 2489–2496.
27. Davies, M. J., Færch, K., Jeppesen, C., Jabbour, S., & Rosenstock, J. (2021). Semaglutide 2.4 mg once a week in adults with overweight or obesity. *New England Journal of Medicine*, 384, 989–1002.
28. Neal, B., Perkovic, V., & Mahaffey, K. W. (2017). Canagliflozin and cardiovascular and renal events in type 2 diabetes. *New England Journal of Medicine*, 377, 644–657.
29. ADA Professional Practice Committee. (2023). Pharmacologic approaches to glycemic treatment: Standards of Medical Care in Diabetes—2023. *Diabetes Care*, 46(Suppl. 1), S140– S157.
30. 14. Knowler, W. C., Barrett-Connor, E., Fowler, S. E., Hamman, R. F., Lachin, J. M., Walker, E. A., & Nathan, D. M. (2002). Reduction in the Incidence of type 2 diabetes with lifestyle intervention or metformin. *New England Journal of Medicine*, 346, 393–403.
31. Li, Y., Pan, A., Wang, D. D., Liu, X., Dhana, K., Franco, O. H., Kaptoge, S., Di Angelantonio, E., & Hu, F. B. (2018). Impact of healthy lifestyle factors on life expectancy in the US population. *Circulation*, 138(4), 345–355.
32. Schwartz, S. S., Epstein, S., Corkey, B. E., Grant, S. F. A., Gavin III, J. R., & Aguilar, R. B. (2016). The time is right for a new classification system for diabetes: Rationale and implications of the β -cell-cell-centric classification schema. *Diabetes Care*, 39(2), 179–186.