

Four myths about diabetes debunked

By [Claire Rostron](#)

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The World Health Organisation estimates that the number of people with diabetes is [422m](#), globally. And between 1980 and 2014 the number of people with the condition almost doubled. Despite the high prevalence of the disease, it is often misunderstood. Here are some common misconceptions about diabetes.



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1. Diabetes is purely a disorder of the pancreas

Diabetes does [affect the pancreas](#), but it shouldn't just be thought of as an illness that affects the body from the neck down. If we take this viewpoint we miss the psychological impact of living with this condition. And it's a big one. As well as the issue of adjusting to the diagnosis of a long-term health condition, people with diabetes are [more likely to develop depression](#). There is even a specific form of depression associated with diabetes known as [diabetes distress](#). It's when a person is struggling to cope with managing their condition.

Having diabetes affects your mental abilities too. Research suggests that diabetes can affect your ability to [think clearly](#), [focus and recall memories](#).

Diabetes also affects other brain processes, such as how we weigh up food choices. Researchers are also investigating how hormones, such as insulin, [seem to regulate food choices](#). These particular brain effects, within a system called the midbrain dopamine system, offer one potential explanation for why some diabetics find it difficult to follow health advice, no matter how often they are given it.

2. Only overweight or obese people get diabetes

There is a strong association between type 2 diabetes and obesity, but that doesn't mean that everyone who is diabetic is overweight or obese. Nor does it mean that everyone who is overweight or obese will develop diabetes.

However, a Public Health England [report](#) said that obese adults in England were five times more likely to develop type 2 diabetes than adults of a normal weight. But there is still a lot of work to be done to fully understand the [link between diabetes and obesity](#). This includes understanding the biological mechanisms that might link the two.

Type 1 diabetes isn't associated with obesity. It is considered to be an autoimmune disorder which means that the body's own immune system attacks the cells that produce insulin in the pancreas. It's a very successful attack; a type 1 diabetic is no longer able to produce insulin. There is some evidence that [type 1 diabetes is genetic](#), yet not everyone in possession of the diabetes risk genes will develop diabetes. There is also some evidence that [type 1 diabetes might be caused by a virus](#).

3. You need to inject insulin regularly

Type 1 diabetics do require insulin therapy, but this can be delivered using insulin pumps. These devices reduce the need to inject insulin regularly. The insulin is still delivered via a needle, which is attached to a piece of tubing and then to the pump, and there are several advantages to this method. One is that it is more discrete and the diabetic [avoids the social stigma](#) associated with [injecting in public](#). The second is that it reduces the need to [find different injection sites](#).

There are a range of treatment options for type 2 diabetes, and for gestational diabetes (which develops during pregnancy). These types of diabetes may be treated by lifestyle changes or, in the early stages, might be successfully managed by pills, such as metformin. As diabetics age, or as a pregnancy progresses, there may be a need for insulin or a combination of pills. Those diabetics who are struggling to manage their condition might also be offered a drug such as bromocriptine, which targets areas of the brain that help to [regulate the body's metabolism](#).



Not all diabetics have to inject insulin.

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4. Diabetes is easy to manage

There is some evidence that a [low-calorie diet](#) may return fasting blood glucose levels to normal in type 2 diabetics, which has led to suggestions that this may be a cure. But there's no evidence that this is permanent and most doctors agree that diabetes (excluding gestational diabetes) is for life.

The serious long-term complications of diabetes are [limb amputation, loss of sight and cardiovascular disease](#). This is why routine screening is in place to monitor these aspects of diabetic health. In short, some diabetes complications can kill.

Diabetes is a hidden disease and for many people, it certainly isn't easy to manage. Being given healthy living advice and education is not enough to help everyone, and many fail to [manage their condition](#) (although some manage successfully until their illness progresses and everything changes). Blood sugar levels are [affected by](#) nutrition, activity, sleep cycles illness, and stress and other hormone effects. So the signs and symptoms of diabetes are rarely stable.

For most people, diabetes is for life. It is a serious condition that can feel unpredictable and overwhelming, at times. Many people with diabetes report experiencing the stigma surrounding the condition. Some diabetics even have their own misunderstandings and preconceptions. It is, therefore, vital to raise awareness of the reality of living with diabetes to help improve the experience of it.

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ABOUT THE AUTHOR

Claire Rostron, Senior Lecturer, *The Open University*

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