

### 3. Does diabetes pass on from generation to generation in a family chain?

While diabetes has been shown to be an inherited disease, it is caused by a combination of genetic and environmental factors and one can also get diabetes when no one else in the family has it. We cannot modify our genes but can follow a healthy lifestyle to prevent type 2 diabetes.



### 4. Can diabetes be prevented?

Type 1 diabetes is an autoimmune disorder and cannot be prevented. Unlike type 1 diabetes, type 2 diabetes is caused by a combination of genetic and environmental factors which includes sedentary life style, stress and wrong eating habits. Type 2 diabetes can be prevented by maintaining a healthy diet and regular physical activity.



\*The image shown is a model and not a real patient.

### 5. Can people with diabetes live long and healthy lives?



Yes, a few changes in one's lifestyle and food habits along with proper medication and monitoring can help a person with diabetes lead a normal healthy life. There are many people with diabetes living healthy lives via good management.

\*The content is not intended to be a substitute for professional medical advice. Always seek the advice of your doctor or other qualified healthcare provider with any questions you may have regarding a medical condition or medical treatment. Never disregard professional medical advice or delay in seeking it because of something you have read on website/mail.

**Reference:** 1. American Diabetes Association Professional Practice Committee; 2. Diagnosis and Classification of Diabetes: *Standards of Care in Diabetes—2024*. Diabetes Care 1 January 2024; 47 (Supplement\_1): S20–S42.

For more information on living with diabetes , you can visit <https://www.novonordisk.co.in/patients/diabetes-care.html>

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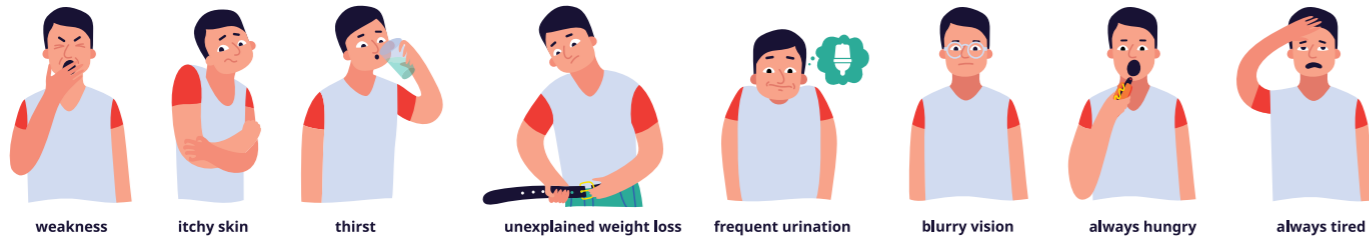
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## UNDERSTANDING DIABETES

“ I may have diabetes... but diabetes does not have me ”



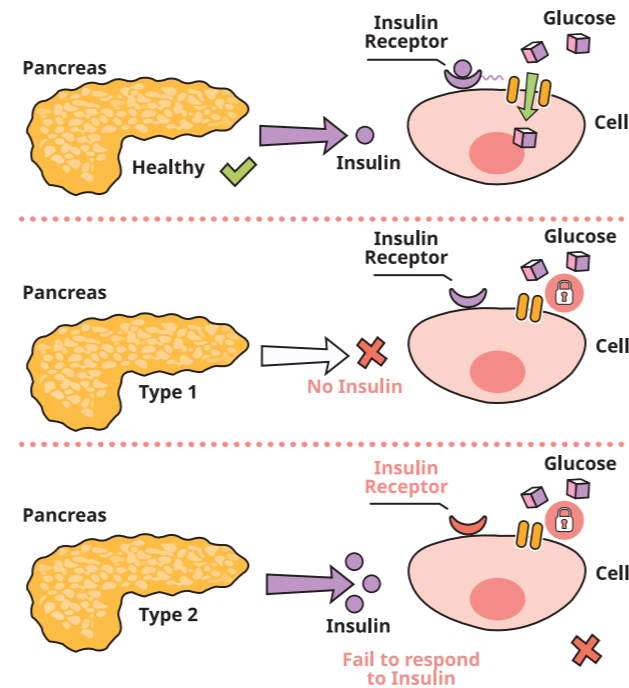
# HERE ARE A FEW FACTS THAT YOU WOULD LIKE TO KNOW ABOUT DIABETES:



## 1. When is a person considered to have diabetes?

When a person experiences symptoms like frequent episodes of urination, excessive thirst, extreme hunger, unexplained weight loss or slow healing of wounds, one could suspect abnormally high blood sugars. This person may have diabetes.

Normally, carbohydrates in food are digested and broken down to simple sugars. Insulin, a hormone produced by pancreas helps glucose enter cells. If one has diabetes, this process gets disturbed, and blood sugar levels go up.



\* Fasting is defined as no caloric intake for at least 8 h  
 \*\*OGTT test should be performed as described by the WHO, using a glucose load containing the equivalent of 75-g anhydrous glucose dissolved in water

Diabetes is diagnosed when any of the following test results are positive.<sup>1</sup>

Fasting\* Plasma Glucose (FPG) >126 mg/dL

OR

2-h plasma glucose >200 mg/dL during an Oral glucose tolerance test (OGTT\*\*)

OR

In a patient with classic symptoms of hyperglycemia, a random plasma glucose >200 mg/dL

OR

Glycated Hemoglobin (HbA<sub>1c</sub>) >6.5%

## 2. What are the types of diabetes ?



Diabetes is classified conventionally into several clinical categories, although these are being reconsidered based on genetic, metabolomic, and other characteristics and pathophysiology:<sup>1</sup>

- Type 1 diabetes** (due to autoimmune β-cell destruction, usually leading to absolute insulin deficiency, including latent autoimmune diabetes in adults)
- Type 2 diabetes** (due to a non-autoimmune progressive loss of adequate β-cell insulin secretion, frequently on the background of insulin resistance and metabolic syndrome)
- Specific types of diabetes due to other causes**, e.g., monogenic diabetes syndromes (such as neonatal diabetes and maturity-onset diabetes of the young), diseases of the exocrine pancreas (such as cystic fibrosis and pancreatitis), and drug- or chemical-induced diabetes (such as with glucocorticoid use, in the treatment of people with HIV, or after organ transplantation)
- Gestational diabetes mellitus** (diabetes diagnosed in the second or third trimester of pregnancy that was not clearly overt diabetes prior to gestation or other types of diabetes occurring throughout pregnancy, such as type 1 diabetes).