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CHARACTERISTICS OF THE LIFE OF PATIENTS WITH DIABETES

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Abstract: *The article highlights the features of the life of patients with diabetes, namely life situations against the background of diabetes, and discusses practical advice for people with diabetes who want to lead a full, eventful life.*

Key words*: diabetes, lifestyle, proper nutrition, pregnancy, exercise, hypoglycemia, hyperglycemia.*

Among endocrine diseases, diabetes mellitus (DM) takes the first place, it manifests itself in 50% of patients. Every year, the number of people diagnosed with the disease is increasing, the disease is most common in adults, but the number of children with diabetes is also increasing. Diabetes mellitus is a chronic disease characterized by an increased level of glucose in the blood, both fasting and after eating. Regardless of the type of diabetes: follow a proper and healthy diet; pay more attention to your own body; to be in the fresh air more often; engage in recreational gymnastics; control blood sugar levels. A significant number of factors affect life expectancy with diabetes: type of disease; severity and age; patient compliance with doctor's recommendations. Life expectancy with diabetes depends on how many organs of the body are affected, namely: liver, vision, cardiovascular and endocrine systems. With unprofessional and untimely treatment, this disease negatively affects all organs of the body and significantly reduces life expectancy. Patients with diabetes who do not follow the doctor's recommendations and ignore treatment are vulnerable to such dangerous diseases as stroke, gangrene and others, which ultimately leads to premature death.

Type 1 diabetes is most often seen in very young children. Diabetes must be brought under control immediately by introducing strict rules in the form of a game. It is necessary to patiently explain the rules of this game to the child. A child diagnosed with diabetes should be monitored by a pediatrician and an endocrinologist at the same time. It is important to educate the child's relatives. A feature of type 1 diabetes in children is the so-called "honeymoon" - at the same time, the need for insulin can decrease to 1-2 units and remain so for several weeks or months, but eventually increases again. It is necessary to know about it in time to avoid bitter disappointments. Dieting a child should not be seen as a way to limit weight, unless the child is truly obese. The only exception in the menu are carbohydrates that are easily absorbed, but if there are repeated violations of the regime, it is better to

introduce an additional amount of insulin, calculating the appropriate dose. At the beginning of puberty, food consumption increases, which is another reason to pay attention to nutrition, since an increase in the dose of insulin in response to a growing appetite leads, as a rule, to an increase in body weight. However, it is also undesirable to allow hyperglycemia. The child's worldview changes, so it is necessary to repeat all the information about diabetes to the teenager, to motivate him to continue treatment. It is very important to conduct a direct conversation with a teenager in a timely manner on topics that always interest him: sex life, alcohol, smoking, pregnancy, heredity, "forbidden" foods, long-term effects of diabetes on the body, possible consequences of diabetes.

If we take into account pregnancy, the ability to conceive in a woman with diabetes is normal, however, increased sugar, kidney failure can prevent this. The most important and mandatory condition is that the pregnancy must be planned. Pregnancy is a direct indication for intensive insulin therapy and strict control of diabetes. In the first time after conception, the need for insulin decreases. Insulin doses are adjusted to achieve a fasting glucose level of 4.0-5.0 mmol/l during the day of 4.0-7.0 mmol/l. To avoid hypoglycemia before bedtime, a woman should have a blood glucose level of at least 6.0 mmol/l. During pregnancy, the need for insulin increases, and before childbirth, the dose of the drug may double. During childbirth, insulin and glucose are administered under the control of blood glucose. Within a few hours after delivery, the need for insulin returns to normal, but it is worth remembering that immediately after delivery, when the need for insulin has really decreased, the concentration of insulin can remain high for some time, so there is a risk of postpartum hypoglycemia. Blood glucose monitoring and careful observation of the woman will avoid severe hypoglycemia.

Physical activity is indicated for patients with diabetes. Regular exercise improves the picture of blood glucose in type 1 and 2 diabetes mellitus, if the correct correction of insulin doses is carried out. Physical activity increases insulin sensitivity, improves glucose tolerance and, in combination with diet, contributes to weight loss. Regular exercise also reduces the risk of coronary heart disease. To achieve the maximum effect, physical activity should be regular - lasting 20-30 minutes three times a week. Classes should be aimed at maintaining the heart rate (HR) within the working load zone, which is 60-85% of the maximum HR. Swimming, game sports (volleyball, football), aerobics, walking, dancing will quickly establish the pulse rate within the working zone. If the heart rate during exercise does not reach the working zone (working in the garden, swimming), it is still useful for improving well-being and maintaining all types of motor activity. It is necessary to remember that with insufficient compensation of diabetes, physical activity leads to an increase in sugar level. It is also necessary to remember that physical activity can cause hypoglycemia. Of course, in order to prevent hypoglycemia, it is enough to eat an additional 1 bread unit for 0.5 hours of exercise before exercise.

Patients who have started insulin or changed their insulin regimen should not drive for a week (or longer, depending on individual characteristics) after starting insulin therapy or switching to another treatment regimen, for example, switching

from one type of insulin to another or switching from a single injection of the drug for two times People with hypoglycemia cannot drive. For some of them, an exception can be made on the condition that they take food and measure their blood glucose level every time before getting behind the wheel, as well as if they take food and determine glucose every hour during the trip. Drivers with diabetes who develop cataracts, exudates, maculopathy, proliferative retinopathy, or those who have undergone laser therapy may only get behind the wheel with the permission of an ophthalmologist.

The main goal of a patient with diabetes when traveling is to avoid an attack of hypoglycemia. Patients who control their diabetes solely through diet should follow the basic principles of therapeutic nutrition and pay special attention to the organs affected by complications of diabetes. Thus, they will be able to avoid problems during the trip. The same applies to diabetics taking metformin. Patients taking sulfonylureas rarely experience problems, but they should be alert for hypoglycemia if increased exercise or delayed eating occurs. Some of them may slightly reduce the dose of pills on the day of the move. Patients who receive insulin on long trips should measure glucose every 4-6 hours (if they travel by car - even more often). They may get confused and not know how to calculate the insulin dose. After 2-3 hours, diabetic patients should have a light snack. They need to make sure their blood glucose is above 6 mmol/L before going to bed, and have a snack if it is below this level. There are also risk factors, for example, the rate of absorption of insulin from the injection site increases in the heat. Increased sweating combined with hyperglycemia can cause dehydration and salt deficiency. At high temperature, insulin is destroyed. Insulin is absorbed more slowly in the cold. Later, when a person warms up, insulin is absorbed into the blood completely. This can cause a sudden attack of hypoglycemia. Hypoglycemia and cold are a combination that can be fatal. Patients suffering from diseases of peripheral vessels should protect their feet from frostbite. In patients with heart disease, the cold can provoke the development of an attack of angina pectoris.

Skin infections are common in diabetics returning from travel - including fungal infections such as athlete's foot or thrush. Small wounds, especially on the feet, often become infected. Infections of the respiratory and urinary tracts can provoke hyperglycemia. In these cases, a short course of antibiotic treatment will be effective. If the level of glucose in the blood increases, patients should remember to increase the dose of tablet drugs (within the permissible dosage, safe for health) or insulin.

Conclusions.

Summarizing the above, we can say that diabetes mellitus is a chronic disease, it is characterized by an increased level of glucose in the blood on an empty stomach and after eating. Patients with diabetes should know that this disease can be controlled. When treating diabetes, you must always follow a healthy and nutritious diet, exercise, spend more time in the fresh air, control your blood sugar level and take drugs that reduce it, or insulin. The main motto of a patient with diabetes should be: "Life without stress, sports, proper nutrition." Following the recommendations of doctors in the treatment of a chronic disease and a healthy lifestyle, life expectancy can be increased by tens of years.

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