

# Types of Diabetes



Diabetes mellitus is not a single disease; it occurs in three main forms: type 1, type 2 and gestational diabetes. Type 1 and type 2 represent about 5-10% and 90-95% respectively of the total population living with diabetes.

**Type 1 diabetes** is an autoimmune disease in which the body's immune system attacks and destroys the insulin-producing cells of the pancreas. Scientists do not know exactly what causes type 1 diabetes, but they believe that both genetic factors and exposure to viruses may be involved. Type 1 diabetes is the most severe form of diabetes, typically striking children and youth suddenly, making them dependent on injected insulin for life, and carries the threat of complications such as kidney failure, blindness, nerve damage, amputations, heart attack and stroke. While diagnosis most often occurs in childhood and adolescence, it can strike adults as well. There is no known way to prevent type 1 diabetes.

**Type 2 diabetes** occurs when the body does not make enough insulin and/or does not respond well to the insulin it makes. People are typically diagnosed with type 2 diabetes after the age of 40, although it is now being seen in adolescents and children. This type of diabetes is strongly associated with excess body weight, and is also associated with genetic factors. It can generally be prevented, or at least postponed, by eating a healthy diet, getting regular physical activity and maintaining a healthy weight.

**Gestational diabetes** is a form of diabetes that develops in women during pregnancy. Blood glucose levels usually return to normal after delivery. Gestational diabetes affects about 4% of all pregnancies and increases the mother and child's risks of developing type 2 diabetes later in life.

## Biography



### **Michaela Grenier**, BSc., BScN RN

Michaela Grenier is grateful to have had the opportunity to be employed at her dream job over a year ago as the clinical nurse educator with Pulse Rx LTC Pharmacy. Michaela has completed her Bachelors of Life Science in Biology and Psychology from McMaster University in 2003. Michaela also graduated with her Bachelors of Science in Nursing at McMaster University 2006. Michaela's background involves working as a registered nurse at McMaster's Children Hospital on an adult medical floor and currently on an acute medical/surgical pediatrics floor. As well, two years in community nursing working with children with chronic co—morbidity and adult palliative care. Michaela has been busy developing the unregulated care provider (UCP) training program offered through Pulse Rx LTC Pharmacy. This fall Michaela is returning back to her studies to obtain her Primary Health Care Nurse Practitioners certificate as well as her masters in Nursing with a focus on geriatrics.

## FREE CONTINUING EDUCATION SEMINAR

**Practical Update in Glycemic Management of Type 2 Diabetes** Sponsored by Sanofi and Pulse Rx

**Dr. Sanam Shorey**, MD, FRCPC Staff Endocrinologist, Brampton Civic Hospital

**Date** Thurs Nov 19, 2009 **Location** Terra Restaurant, 8199 Yonge Street, Thornhill (905) 731-6161

**RSVP to** Brad Whittaker at 416-878-1451 or [bwhittaker@pulserrx.ca](mailto:bwhittaker@pulserrx.ca)



# Shattering the myths of INCONTINENCE

*Incontinence is often the leading reason for nursing home placement with approximately one half of all*

*residents being incontinent. A persistent myth is that incontinence is a natural part of the ageing process, or that nothing simple can be done to fix the problem.*

Unfortunately, many people do not seek medical assistance because they are embarrassed, resigning themselves to using diapers or pads. Incontinence is a treatable condition and nearly 90% are improved or cured with proper treatment.

Since there are several types of incontinence and causes for voiding dysfunction, the first step is to receive the right diagnosis. Most of the time this can be done by a thorough discussion with your doctor and a focused physical exam. In some cases, cystoscopy (looking inside the bladder with a flexible telescope), ultrasound or urodynamics may be indicated. Urodynamics is the study of urination, the storage

and emptying of urine. Urodynamics testing is a pain-less way of trying to reproduce in a laboratory setting, the conditions of the voiding problem, while measuring the various factions of the bladder and other related organs.

After diagnosis, a determination is made for the best therapeutic option. In many cases, this means non-surgical therapy such as biofeedback exercises. There are other methods available such as bladder training, timed voiding, Kegel exercises (pelvic floor exercises), maintaining a voiding diary, hormonal implants or instruction and guidance in new products and appliances. Finally, there are many surgical treatments and relatively simple procedures that have been recently developed.

## INCONTINENCE FACTS

- 11% of women 80+ have had pelvic surgery
- 30% of women at urodynamics clinics (for urinary incontinence problems) also have fecal incontinence
- Baycrest spends \$.5MM annually on adult diapers

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## Canadian Refugee Health Conference Nov. 24-25, 2009

The Canadian Refugee Health Conference will be held Nov. 24-25, 2009, at the University of Toronto Conference Centre, 89 Chestnut St., Toronto. For more information, e-mail [info-int0933@cmotoronto.ca](mailto:info-int0933@cmotoronto.ca), visit [www.canadianrefugeehealth.ca](http://www.canadianrefugeehealth.ca), or call 416 978-2719 / 888 512-8173.

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