The Stages of Gradual Development towards Diabetes

1. STAGE: 'EATING ONESELF ILL' – 'SUGAR BLUES'

Blood sugar level swings between too much (hyperglycaemia) and too little (hypoglycaemia), but the bodily regulatory mechanisms are still capable to restore to normal condition.

Healing: Balanced diet including wholefood and moderate amounts of natural sweeteners

2. STAGE: PRE-ACUTE DISORDERS – PRE-DIABETIC STATES

Impaired Fasting Glycaemia: The blood sugar is above normal after 8 to 12 hours fasting.

Impaired Glucose Tolerance: The blood sugar is above normal after intake of the first sweet drink after fasting.

Both these condition often progress to type 2 diabetes (within 3 to 10 years of diagnosis).

Healing: Life style modifications (diet, exercise, weight loss, minimising alcohol intake)

3. STAGE: ACUTE DISEASE – DIABETES TYPE 2

Non-insulin-dependent diabetes: raised glucose levels in the blood due to insulin resistance (cells does not react to insulin as usual), or impaired insulin secretion

There are increasing numbers of people developing type 2 diabetes in early adulthood (instead of in late adulthood and old age).

Healing: Diet, exercise, weight loss; sometimes combined with tablets

4. STAGE: CHRONIC DISEASE – DIABETES TYPE 1

Insulin-dependent diabetes: Pancreas doesn't secrete insulin anymore.

There are increasing numbers of children developing type 1 diabetes (or even babies).

Healing: Diet & insulin injections

5. STAGE: REALLY OUT OF CONTROL – LABILE DIABETES

Almost all diabetic patients experience swings in blood glucose levels (episodes of hyper- or hypoglycaemia) which are larger and less predictable than in nondiabetics. The point at which these swings become intolerable and cause disruption to the person's daily life (and at which the person is labelled 'labile' or 'brittle') depends upon the psyche, competence, and confidence of both the patient and his or her provider.

Less than 1% of insulin taking diabetics are labelled as labile. Several studies focused on possible physiological mechanisms for the brittleness, and tried mechanistic approaches to overcome the problem (subcutaneous, intramuscular, intravenous insulin infusions, or the closed-loop artificial pancreas). However, with increasing study, it has become clear that the vast majority of cases are due to psychological factors, with the metabolic abnormalities being secondary.

Source of descriptions from 2nd to 4th condition: Wikipedia

Source of descriptions of 5th condition: www.patients.uptodate.com

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