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Sign

Up

the 1990s, the number of people with diabetes has increased in all industrialized countries, and the prevalence of diabetes is expected to increase further in the next decades (1).

Diabetes is a chronic disease, and the long-term consequences of diabetes are determined by the degree of glycaemic control. The most serious complications of diabetes are cardiovascular disease, nephropathy, retinopathy, and neuropathy. The prevalence of these complications is directly related to the duration and severity of the disease (2). Therefore, the aim of diabetes therapy is to achieve and maintain glycaemic control, thereby preventing or delaying the onset of complications (3).

Diabetes therapy is based on the use of insulin and oral antidiabetic drugs. The choice of therapy depends on the type of diabetes, the degree of glycaemic control, and the presence of complications. The most common type of diabetes is type 2 diabetes, which is characterized by insulin resistance and relative insulin deficiency. The first-line therapy for type 2 diabetes is lifestyle modification, including diet and exercise. If glycaemic control is not achieved with lifestyle modification, oral antidiabetic drugs are added. The most commonly used oral antidiabetic drugs are sulfonylureas, biguanides, and thiazolidinediones (4).

Insulin therapy is the mainstay of diabetes therapy. It is used in all types of diabetes, but is most commonly used in type 1 diabetes and in type 2 diabetes when oral antidiabetic drugs are not sufficient. Insulin therapy is based on the use of basal and bolus insulin. Basal insulin is used to maintain a low level of insulin throughout the day, and bolus insulin is used to cover meals and correct hyperglycaemia. The most commonly used basal insulin is long-acting insulin, and the most commonly used bolus insulin is short-acting insulin (5).

The goal of diabetes therapy is to achieve and maintain glycaemic control. The most commonly used measure of glycaemic control is the glycosylated haemoglobin (HbA_{1c}) level. The target HbA_{1c} level is <7% for most patients with diabetes. However, the target HbA_{1c} level may be higher or lower depending on the patient's age, the duration of the disease, and the presence of complications (6).

In addition to glycaemic control, the management of diabetes also includes the management of other risk factors for cardiovascular disease, such as hypertension, hyperlipidaemia, and smoking. The management of these risk factors is based on the use of antihypertensive drugs, statins, and smoking cessation therapy (7).

In conclusion, the management of diabetes is a complex task that requires a multidisciplinary approach. The goal of diabetes therapy is to achieve and maintain glycaemic control, thereby preventing or delaying the onset of complications. The most commonly used measures of glycaemic control are lifestyle modification, oral antidiabetic drugs, and insulin therapy. In addition to glycaemic control, the management of diabetes also includes the management of other risk factors for cardiovascular disease, such as hypertension, hyperlipidaemia, and smoking.

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