DIABETES MYTHS: WHAT'S THE TRUTH? REPORT #2913

BACKGROUND: Type 1 diabetes can occur at any age and in people of any race, shape, and size. With type 1 diabetes, the body does not produce insulin. The body breaks down the carbohydrates consumed into blood sugar, or glucose, that it uses for energy. Insulin is a hormone that the body needs to get glucose from the bloodstream into the cells of the body. With the help of insulin therapy and other treatments, anyone can learn to manage type 1 diabetes to live a long and healthy life. Type 2 diabetes is the most common form of diabetes. This occurs when your body doesn't use insulin properly. While some people can control their blood sugar levels with healthy eating and exercise, others may need medication or insulin to help manage it with type 2 diabetes.
(Source: https://www.diabetes.org/diabetes)

DIABETES RISKS: Risk factors for type 1 diabetes are not as clear as for prediabetes and type 2 diabetes, however they include family history like having a parent, brother, or sister with type 1 diabetes; and age. Risks for developing prediabetes and/or type 2 diabetes are if you are overweight; 45 years or older; have a parent, brother, or sister with type 2 diabetes; physically active less than 3 times a week; or have ever had gestational diabetes (diabetes during pregnancy). Risks for developing gestational diabetes are if you had gestational diabetes during a previous pregnancy; have given birth to a baby who weighed more than 9 pounds; are overweight; more than 25 years old; have a family history of type 2 diabetes; or have a hormone disorder called polycystic ovary syndrome (PCOS). Gestational diabetes usually goes away after the baby is born but does increase the risk for type 2 diabetes later in life. Because of gestational diabetes, a baby is more likely to have obesity as a child or teen, and more likely to develop type 2 diabetes later in life too.
(Source: https://www.cdc.gov/diabetes/basics/risk-factors.html)

NEW DIABETES TREATMENT: A team led by UT Southwestern reported that blocking cell receptors for glucagon, the counter-hormone to insulin, cured mouse models of diabetes by converting glucagon-producing cells into insulin producers instead. The studies suggested that depleting glucagon can help research animals or humans with diabetes better manage their glucose levels, but it was unknown as to how this phenomenon occurred. Study leader, May-Yun Wang, PhD, assistant professor of internal medicine at UTSW and her colleagues, used monoclonal antibodies, or manmade proteins that act like human antibodies and help the immune system identify and neutralize whatever they bind to against the glucagon receptor in mouse models of diabetes. After research of three separate models, it was noted that being able to push alpha cells to shift to beta cells could be especially promising for Type 1 diabetics. "Being able to produce native insulin could hold significant advantages over the insulin injections and pumps used by both type 1 and type 2 diabetics. Eventually, similar monoclonal antibodies could be tested in diabetics in clinical trials," said Wang.
(Source: https://www.news-medical.net/news/20210301/Study-could-offer-a-new-way-to-treat-Type-1-and-Type-2-diabetes.aspx)

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