

Diabetes and kidney health: Everything you need to know



How common is kidney disease in patients with diabetes mellitus (DM)?

In DM type I, kidney damage is not apparent for the first 10-15 years after diagnosis of DM. Eventually about 25% of patients with DM type I will have some degree of kidney disease. About 8% of patients with DM type I will end up on dialysis.

In DM type II, the risk of kidney disease is about the same, but the exact onset of diabetes is often not known. So, it is possible that a person can be diagnosed with DM and kidney disease at the same time.

How come not everyone with DM develops kidney disease? What made me develop kidney disease?

There are certain risk factors which predispose patients to develop kidney disease from DM.

These risk factors include the following:

- Genetic predisposition (positive family history of DM and CKD)
- Race (those who are Black, Mexican-American, and Pima Indian)
- Poorly controlled DM
- Poorly controlled blood pressure
- Obesity
- Smoking

How long does it take for diabetes to cause kidney damage?

Kidney damage caused by diabetes usually occurs slowly, over many years. For most patients, it takes over ten years to develop obvious kidney disease from diabetes. Unfortunately many patients don't know they have diabetes and it goes untreated

for a long time. This is why routine medical care and blood tests are so important. If there is a diagnosis, it can be treated and kidney disease related to diabetes can often be avoided.

What is the difference between Type I and Type II diabetes?

There are several different types of diabetes and the most common ones are Type 1 and Type 2.

Type 1 diabetes usually occurs in children. It is also sometimes called juvenile onset diabetes mellitus or insulin-dependent diabetes mellitus. In this type, your pancreas does not make enough insulin and you have to take insulin injections for the rest of your life.

Type 2 diabetes, which is more common, is sometimes called adult onset diabetes mellitus or non insulin-dependent diabetes mellitus. In Type 2, your pancreas makes insulin, but your body does not use it properly. The high blood sugar level often can be controlled by following a diet and/or taking medication, although many patients must take insulin.

Some people say my blood sugar will get better as my kidney disease gets worse. Can you help me understand this?

There are a few reasons why as kidney function declines that blood sugar appears to improve. When kidney function declines, people often lose their appetite and so they are not eating as much, which may explain lower blood sugars. Additionally, with declining kidney function, some of the medications (insulin and oral antidiabetic therapies) used to keep blood sugar low, stay in the system longer and can result in lower than usual blood sugar. There are other adaptations that the body goes through that produce lower blood sugar

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as kidney function declines. These together are sometimes referred to as “burnt-out” diabetes.

Low blood sugar, also called hypoglycemia, can be very dangerous to your health, including increased risk for seizures and coma. It is important to learn to recognize signs of low blood sugar (headache, dizziness, hunger, shaky feeling, rapid heartbeat and blurry vision among others), and eat or drink some rapidly absorbed form of carbohydrate (honey, sugar, a few crackers, or pieces of hard candy). It is very important to keep your diet and exercise consistent (i.e., don't skip meals and try to make exercise habits regular) to prevent hypoglycemia. Checking your blood sugar as directed will allow your medical team to make modifications to your diet and medication if necessary.

How does diabetes cause kidney disease?

High blood sugar, or poorly managed diabetes over time, can influence the kidneys in several ways. First, with diabetes, the small blood vessels in the body are injured. When the blood vessels in the kidneys are injured, your kidneys cannot clean your blood properly. Diabetes also may cause damage to nerves in your body. This can cause difficulty in emptying your bladder. The pressure resulting from your full bladder can back up and injure the kidneys. Also,

if urine remains in your bladder for a long time, you can develop an infection from the rapid growth of bacteria in urine that has a high sugar level.

How do I slow down or prevent kidney disease related to my diabetes?

The best way to slow or prevent diabetes-related kidney disease is to try to reach your blood glucose and blood pressure goals. Healthy lifestyle habits and taking your medicines as prescribed can help you achieve these goals and improve your health overall.

If my diabetes gets better, will my kidneys work better?

High blood sugar (also called hyperglycemia) can cause damage to many parts of your body, especially the kidneys, heart, blood vessels, eyes, feet and nerves. Maintaining good control of your diabetes can lower your risk of developing severe kidney disease, especially if initiated soon after you develop diabetes.

As a person with diabetes, you should have your blood, urine and blood pressure checked regularly to lower your risk of developing severe kidney disease, especially if your treatment is started soon after you develop diabetes.

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