Diabetes is a condition where the body's ability to produce or respond to insulin is impaired, leading to abnormal carbohydrate metabolism and elevated blood and urine glucose levels.

Types:

Type I: Type 1 diabetes occurs when the immune system mistakenly destroys the pancreas's beta cells, which produce insulin. Without enough insulin, blood glucose cannot enter cells for energy, leading to high blood sugar (hyperglycemia). Over time, this can cause complications if untreated.

Type 1 diabetes can develop at any age, though it's often diagnosed in youth. Its exact cause and prevention remain unknown.

With proper management—including insulin therapy, a healthy eating plan, physical activity, and a strong support system—you can live a long, healthy life. Work closely with your diabetes care team to achieve your health goals.

Type II: In type 2 diabetes, the body doesn't use insulin effectively, leading to insulin resistance. Initially, the pancreas compensates by producing extra insulin, but over time, it can't keep up, resulting in high blood glucose levels. This condition is most common in middle-aged and older adults but is increasingly seen in younger people.

Treatment includes healthy eating, exercise, and, if needed, oral or injectable medications (including insulin) to maintain target blood glucose levels.

Type 1.5 or LADA: LADA, or latent autoimmune diabetes in adults, is a form of diabetes that develops in adulthood due to an autoimmune process where the pancreas gradually stops producing insulin. Often referred to as type 1.5 diabetes, LADA shares features of both type 1 and type 2 diabetes. Unlike type 1 diabetes, insulin therapy may not be required immediately, as the progression is slower.

Gestational diabetes: Gestational diabetes (GDM)—diabetes during pregnancy—affects up to 9% of pregnancies in the U.S. each year. The exact cause of GDM is unclear and there's a lot we don't know. But—we do know that the placenta's hormones, which support the baby's growth, can sometimes block the mother's insulin, leading to insulin resistance. This makes it harder for the body to use insulin effectively, requiring the mother to produce more. If the body can't produce enough insulin during pregnancy, glucose remains in the blood, leading to high blood glucose (blood sugar).

If you are diagnosed, this doesn't mean you had diabetes before pregnancy, nor does it mean you'll have it after giving birth. The key is to act swiftly, remain consistent, and stay on top of your condition. GDM is treatable, manageable, and something you can effectively manage. With your health care provider's support, you can have a healthy pregnancy and baby. No matter the

cause, you can work with your health care provider to create a plan that ensures a healthy pregnancy. Don't hesitate to ask questions or seek support—there are many effective ways to manage GDM.

Our services include:

- **Insulin Pumps**: Advanced devices for precise insulin delivery.
- **Insulin Delivery Systems**: Convenient options like pen devices for easy administration.
- **Continuous Glucose Monitoring Systems (CGMS)**: Real-time glucose tracking for improved management.
- **Diabetes Education**: Comprehensive guidance to empower patients in managing their condition effectively.
- **Nutrition Counseling**: Personalized dietary plans to support blood sugar control and overall health.

Source: American Diabetes Association (www.diabetes.org)