Dear God, in these shorter, darker days, make me aware of your stillness, your stability and your love. Amen.

Diabetes: Type I or Type II?

Many are confused about the difference between type I diabetes, also known as “juvenile diabetes,” and type II diabetes, which is sometimes called “adult onset diabetes.” Both have similar symptoms but have different causes and different treatment protocols.

Common symptoms: Both type I and type II diabetes include dry skin increased thirst and urination, unintentional weight loss, sores that don’t heal, increased hunger, blurry vision, numbness in feet and hands.

Common health risks: Both types of diabetes can lead to circulation problems, which can increase the risk of heart attack and stroke. Kidney and vision problems can also result from uncontrolled diabetes.

Type 1 diabetes is an autoimmune disorder. The immune systems of those with this condition attack the body’s mechanism for producing insulin. This condition often develops in children and young people, but adults can also develop it later in life. People with type I diabetes must take supplementary insulin through injections or an insulin pump. Type I diabetes is not caused by “eating too much sugar” or other dietary factors. Researchers aren’t sure what triggers most cases of type I diabetes, but they suspect that it may be genetic factors or exposure to a virus. Some medical conditions, such as those that affect the pancreas, can also cause type I diabetes.

Type II diabetes is the result of the pancreas being unable to produce enough insulin. Causes include both genetic and lifestyle factors. For example, drinking too much alcohol, being overweight or living a sedentary lifestyle can contribute to the development of the disease. Individuals with type II diabetes may not need to take supplementary insulin. Instead, they may be able to control their blood sugar through diet or other medications.

If you are concerned about diabetes or have a family history of the disease, talk to your doctor. He or she can review any symptoms that you might have and check your blood sugar.

Increased knowledge and improved treatments now allow people with diabetes to live full and active lives.

Diabetic eye disease

Diabetes can have a significant impact on many of the body’s organ systems, including the eyes. People with diabetes are at risk for diabetic eye disease, a term that covers a group of conditions including cataracts, diabetic retinopathy, glaucoma and diabetic macular edema. Diabetic eye disease can result in permanent loss of vision, making eye health an important concern for diabetics.

Here’s a brief description of each condition:

Cataracts: Cataracts is a condition where the lens of the eye becomes clouded. People with diabetes are more likely to develop cataracts than the rest of the population. They are also more likely to develop the condition at a younger age.

Glaucoma: Glaucoma damages the optic nerve and can cause irreversible vision loss. People with diabetes are at a greater risk for developing certain types of glaucoma.

Diabetic retinopathy: Diabetes can cause damage to the blood vessels in the eye. Over time, this damage can cause bleeding and the abnormal growth of new blood vessels. Eventually, the retina can become detached, resulting in permanent vision loss.

Diabetic macular edema (DME): DME is fluid build-up in the macula, a part of the retina. Diabetic retinopathy causes DME, which is a significant cause of diabetic retinopathy-related vision loss.

People with diabetes can protect their vision by working with their doctor to keep their diabetes under control. This includes regularly monitoring their blood sugar, taking medications and choosing a healthy diet.

The National Eye Institute recommends that people with diabetes get a comprehensive, dilated eye exam at least once a year.

If you have diabetes, talk to your doctor about how often you should have your eyes examined.