

*In an emergency
would you know
the difference?*



photos by CARLOS HERNANDEZ

The medic alert bracelet is worn by most diabetics and contains personal and medical information.

***Drunkenness,
Drug
Overdose
or***

The city of Houston, Texas, was recently ordered to pay a man \$25,500 for false arrest after the police jailed him for alleged drunkenness.

A clerk tried unsuccessfully to maneuver from a store, a man who appeared to be drunk.

These victims were diabetics suffering from drastic drops in their blood sugar levels, or insulin shock.

According to the National Center for Health Statistics, nearly 6 million people in the United States are diagnosed as diabetic. The American Diabetes Association estimates another 5 million are undiagnosed. Despite the prevalence of the disease, the public is generally unaware of its

symptoms and subsequent effects, and therefore cannot help when help is needed.

Diabetes mellitus, commonly known as diabetes or sugar diabetes, results when the pancreas produces very little or no insulin, the hormone that helps your body utilize its carbohydrate intake for energy. Therefore, high levels of glucose (sugar) remain in the blood.

Some diabetics control their blood-sugar levels through diet and exercise while others require insulin injections. All must monitor their sugar levels. Sustained high blood-sugar (hyperglycemia) can cause impaired vision, nerve and kidney damage, high blood pressure, heart attacks, comas and death.

This is why it is vital to get medical attention if you exhibit any of the following warning signs: frequent urination, excessive thirst or hunger, rapid weight loss, irritability, weakness and fatigue, nausea and vomiting, drowsiness, itching, blurred vision, tingling

or numbness in the feet, skin infections or slow healing of open wounds. These symptoms may appear suddenly or gradually and are especially indicative of diabetes if you are obese or have a family history of the disease.

Aging reduces the efficiency of the pancreas, so non-insulin-dependent diabetes usually occurs after age 40. However, a family history of diabetes and obesity increase the risk as does black, hispanic or American Indian ancestry. "Eighty-five percent of all type-II, non-insulin-dependent cases of diabetes include people who are obese," says Dr. Alan Garber, professor at Baylor College of Medicine in Houston. "Obesity increases the risk enormously."

About 90 percent of all diabetics are type-IIs who control their blood sugar through a routine of diet and exercise, and possibly hyperglycemic tablets. However, type-I or insulin-dependent diabetics must develop a daily routine that includes a strict diet, exercise, enough rest, lack of stress and frequent insulin injections.

Insulin-dependent diabetes usually occurs in children, but is also known to affect adults. Self-discipline is the key to living a normal life.

Insulin Shock

Regardless of how stringently they control their lives, these diabetics suffer from blood-sugar swings, because they must manually estimate, with the advice of their doctor, the amount of insulin they'll need to properly utilize their food. Also, like everyone else, they occasionally fall victim to their bad habits, sickness and stress.

Diagnosed type-I diabetics generally carry candy to counteract sudden drops in blood sugar (hypoglycemia). They usually recognize the symptoms and can eat the candy or something sweet to bring their sugar level back within normal range. However, there may be times when they are caught off guard, or a person who is undiagnosed may experience extreme blood-sugar drops.

"If you start feeling your sugar drop, and wait too late, you get so disoriented you don't have enough sense to get your own sweets," says diabetic Iva Lawter. "It's in your mind. You know what you should do but you can't seem to move or get the words out of your mouth to tell someone what you need."

"Hypoglycemia can produce changes in behavior indistinguishable from a drug overdose," says Dr. Philip Cryer, director of the Metabolism Department at Washington University Medical School in St. Louis. "There's no way to tell for certain without measuring the person's blood sugar."

Insulin-reaction victims mimic symptoms of alcohol intoxication, such as staggering, poor coordination and confusion. Other signs include anger, quick temper, pale color, sudden hunger, profuse sweating and eventual lapsing into a stupor or unconsciousness.

In such an emergency situation, Dr. Cryer recommends assuming the person is hypoglycemic and suggests that sugar be given. "It's better to err on the side of assuming hypoglycemia than assuming drunkenness. If the person is just inebriated, giving him sugar won't help, but if it's hypoglycemia, it will."

People in this state can be given anything sweet unless they are unconscious. In that case, sugar can be put under the tongue or syrup rubbed on the gums. Solid food should not be given because victims are unable to chew. An ambulance should be called immediately. Hypoglycemia will respond to the sweet treatment within minutes. Patients stop sweating, their skin color returns and they begin talking and moving in a normal manner.



CHRISTINA LEIMER



Type-I diabetics must monitor their blood sugar level daily to determine the amount of insulin they need.

"Diabetics should wear a necklace, bracelet or some kind of ID to alert people to the fact that they are diabetic."