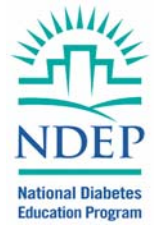


# Women and Diabetes



## How Does It Affect Women?

Approximately 9.7 million women in the United States have diabetes, however, about a third of them do not know it. The burden of diabetes on women is unique, because the disease can affect both mothers and their unborn children. Diabetes can cause difficulties during pregnancy such as a miscarriage or a baby born with birth defects. Women with diabetes are also more likely to have a heart attack and at a younger age than women who do not have diabetes.

The prevalence of diabetes is at least 2-4 times higher among African American, Hispanic/Latino, American Indian, and Asian/Pacific Islander women than among white women. Because of the increasing lifespan of women and the rapid growth of minority populations, the number of women in the United States at high risk for diabetes and its complications is increasing.

Diabetes is the fifth deadliest disease in the United States, and it has no cure. Women with diabetes have an increased risk of vaginal infections and complications during pregnancy. For women who do not currently have diabetes, pregnancy brings the risk of gestational diabetes. Gestational diabetes develops in 2% to 5% of all pregnancies but disappears when a pregnancy is over. Women who have had gestational diabetes are at an increased risk for developing type 2 diabetes later in life.

## Coronary Heart Disease in Women with Diabetes

One of three women will die of heart disease compared to one of nine women dying of breast cancer. Forty percent of heart attacks result in death. Diabetes is a powerful risk factor for heart disease in women. Heart disease is the leading cause of death in women with diabetes. Women with diabetes are twice as likely to have a second heart attack and 4 times more likely to have heart failure than women without diabetes.

Many women with type 2 diabetes already have heart disease when they are diagnosed or have many of the risk factors such as high lipids levels, high blood pressure, abdominal obesity, and abnormalities in blood vessel function. Women with type 1 diabetes can develop heart disease when they are young. Women with diabetes are not only at greater risk for heart disease, but also experience more adverse outcomes.

### **What you can do to protect yourself**

- Don't Smoke
- Control your blood pressure
- Maintain a healthy weight
- Exercise regularly
- Eat a low-fat diet
- Take care of diabetes
- Be aware of chest pain
- Know your family history

### **Eating Disorders in Women with Diabetes**

Research suggests that eating disorders are probably more common among women with diabetes than women who do not have diabetes. Bulimia is the most common eating disorder in women with type 1 diabetes. Among women with type 2 diabetes, binge eating is more common.

Because both diabetes and eating disorders involve attention to body states, weight management, and control of food, some people develop a pattern in which they use the disease to justify or camouflage the disorder. Because the complications of diabetes and eating disorders can be serious, even fatal, responsible, healthy behavior is essential.

Eating disorders are illnesses with a biological basis modified and influenced by emotional and cultural factors. The stigma associated with eating disorders has long kept individuals suffering in silence, inhibited funding for crucial research and created barriers to treatment. Because of insufficient information, the public and professionals fail to recognize the dangerous consequences of eating

disorders. While eating disorders are serious, potentially life threatening illnesses, there is help available and recovery is possible.

## **Polycystic Ovarian Syndrome in Women with Diabetes**

Polycystic Ovarian Syndrome (PCOS) is the most common cause of female infertility. In women with PCOS, immature follicles bunch together to form large cysts or lumps. The eggs mature within the bunched follicles, but the follicles don't break open and release them. As a result, women with PCOS often don't have menstrual periods, or they have periods only on occasion.

No one knows the exact cause of PCOS, but studies are looking at whether it is caused by genetics. Also, because many women with PCOS also have diabetes, studies are examining the relationship between PCOS and the body's ability to produce insulin.

Because there is no cure for PCOS, it needs to be managed to prevent further problems. There are many medications to control the symptoms of PCOS. Management focuses on each woman's main concerns, such as infertility, acne or obesity. Long term, the most important aspect of treatment is managing cardiovascular risks such as obesity, high blood cholesterol, diabetes and high blood pressure.

Researchers are looking at how male hormone levels change as women with PCOS grow older. They think that as women reach menopause, ovarian function changes and the menstrual cycle may become more normal. But even with falling male hormone levels, excessive hair growth continues, and male pattern baldness or thinning hair gets worse after menopause.

## **Pregnancy and Women with Diabetes**

### **Gestational Diabetes**

Pregnant women who have never had diabetes before but who have high blood sugar (glucose) levels during pregnancy are said to have gestational diabetes. Gestational diabetes affects about 4% of all pregnant women -- about 135,000 cases of gestational diabetes in the United States each year.

### **Diabetes and Pregnancy**

The key to a healthy pregnancy for a woman with diabetes is keeping

blood glucose (sugar) in the target range -- both before she is pregnant and during her pregnancy. To do this, you need a diabetes treatment plan that keeps meals, exercise, and insulin in balance. This plan will change as you change with pregnancy.

### **Birth Control and Women with Diabetes**

Birth control pills can affect blood glucose levels and diabetes control.

The intrauterine device (IUD) may lead to infections. Because women with diabetes are already at a higher risk of infection, most should not use the IUD.

### **What Is Needed?**

In ideal circumstances, women with diabetes will have their disease under good control and be monitored frequently by a health care team knowledgeable in the care of diabetes.

Patient education is critical. People with diabetes, with the help of their health care providers, can reduce their risk for complications if they are educated about their disease, learn and practice the skills necessary to better control their blood glucose levels, as well as blood pressure and cholesterol levels, and receive regular checkups from their health care team. Smokers should stop smoking, and overweight women with diabetes should develop moderate exercise regimens under the guidance of a health care provider to help them achieve a healthy weight.

*Source: American Diabetes Association*