Some people with thalassemia develop diabetes, which adds another burden to managing their health. It is very important for people with thalassemia to do what they can to prevent diabetes and to follow their treatment plan should they develop diabetes.

What exactly is diabetes?
Diabetes is an endocrine problem, which occurs very frequently in the general population. The people most at risk for developing diabetes are those with a family history of diabetes and people who are overweight, who are not active and who have high blood pressure. The main cause of diabetes in people with thalassemia is iron overload in addition to these other factors and the presence of liver disease and viral infections, which are common with thalassemia.

Diabetes occurs when the body can no longer handle the way it deals with the sugar we get from the food we eat. Normally when we eat, the body changes the food into sugar (called glucose), which is sent into our blood stream. Insulin, a hormone produced by the pancreas, moves the sugar out of the blood and into our cells for energy.

In diabetes, the body either doesn’t make enough insulin or it isn’t able to use the insulin efficiently, causing too much sugar to stay in the blood and not be available for the cells to use for energy.

Diabetes is a serious disease that can cause eye damage and blindness, numbness or tingling in
How is diabetes treated?
Treating glucose intolerance involves making changes to one’s diet, cutting down on carbohydrates and following an exercise program outlined by your treater. Losing excess weight is important in managing glucose intolerance, as is being compliant with your chelation. Some people may also need to take an oral medication and/or monitor their blood sugar levels. This is usually done first thing in the morning before eating (fasting morning glucose).

The management of diabetes is more involved. In addition to dietary changes, exercise, weight loss and good chelation, some thalassemia patients may respond to oral diabetic medication. However, the majority of patients with diabetes often need to administer insulin to themselves on a regular basis. The doctor taking care of your diabetes will develop a treatment plan to best manage the required type of insulin, the amount of insulin and how often you need to take the insulin. There are several types of insulin, and the dose and frequency of use varies depending on what type is prescribed for you. It is very important that you follow the treatment plan so that you don’t have episodes of having blood sugars that remain too high (hyperglycemia), which cause problems in the long term, or blood sugars that are too low (hypoglycemia), which cause more immediate problems like feeling nervous or jittery.

What can I do to help prevent diabetes?
As with many other complications related to thalassemia, iron overload can play a part in the development of diabetes - so making sure you follow your chelation plan is very important.

Diabetes is a serious illness and its management is involved and can be time consuming; however, many people with thalassemia have successfully navigated the demands of handling these two problems. For advice and help, please contact CAF patient services and our patient support group, TAG (Thalassemia Action Group), and speak openly about adjusting to changes in your care with your nurses and health care provider.