HEALTH AWARENESS

Diabetic Nerve Damage and Your Feet

(NAPSA)—Diabetic nerve damage, or diabetic neuropathy, is a devastating diabetic microvascular complication that affects up to half of all people with diabetes. In fact, people with diabetes make up the majority of those receiving non-traumatic lower-limb amputations, accounting for approximately 80,000 amputations annually.

Diabetic nerve damage often occurs in part because consistently high blood sugar levels can slow or stop blood flow to the nerves throughout the body. If blood vessels flowing to the arms and legs become diseased, and blood flow is reduced, the nerves cannot function properly because of the inadequate blood supply, and problems can result. This condition is referred to as diabetic peripheral neuropathy, since the arms and legs are considered the body's "periphery." Awareness and early detection of the signs and symptoms of diabetic nerve damage and taking action quickly are the keys to avoiding and/or delaying the onset of the devastating effects of the disease.

Signs and Symptoms

Symptoms of diabetic nerve damage include numbness, tingling and reduced sensation in the feet. Since nerve function—and thus feeling—deteriorates in people with diabetes, they need to take special care in checking their feet. Infections and ulcers, which can result from problems like ingrown toenails, calluses or small cuts, are especially common on the bottoms of feet and toes, areas not routinely examined every day. The American Diabetes Association recommends people with diabetes visit their doctor every three to six months to monitor for early signs of diabetic nerve damage, and that they conduct daily self-exams of the extremities, including the feet.

People may also experience symptoms like burning, aching or lancinating (or sharp) pain, and allodynia, a condition which results in unusual sensitivity to light touch. It is important for people to report these symptoms to their doctor as soon as possible.

Treatment for Diabetic Nerve Damage

Tight blood sugar control has proven effective in reducing the risk of diabetic nerve damage by 60 percent. However, diabetes-related nerve damage cannot be reversed. "Maintaining good blood sugar control is the first line of defense against any diabetes-related complication," said Aaron Vinik, M.D., director of research at the Strelitz Diabetes Research Institute and professor of internal medicine at Eastern Virginia Medical School. "We also have medicines to help alleviate some of the pain associated with diabetic nerve damage. However, these medications do not treat all symptoms like numbness and reduced sensation, and they do not treat the underlying disease process. People with diabetic nerve damage should work with their health care team to find a treatment plan that works for them."

In addition to blood glucose control, existing treatment options for managing pain related to diabetic nerve damage include topical creams and certain prescription medicines. There is even greater hope for the future. Research is underway on new therapies that may help reduce the progression of diabetic nerve damage.