

Care of Patients with Diseases of the Endocrine Glands and Metabolism

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ABSTRACT

In this article. Diseases of the endocrine glands and metabolic disorders, including diabetes, are detailed.

Diabetes is a metabolic disease in which the body's ability to store or burn glucose is lost. Due to this, unused sugar accumulates in the blood and hyperkalemia occurs. Then sugar drops from the blood into the urine and glycosuria is observed.

Etiology. Diabetes occurs when the pancreas does not produce enough of the hormone insulin. The islets of Langerhans of the pancreas produce not only insulin, but also lipocaine, which plays an important role in lipid metabolism, and glucagon, which reduces the production of insulin. The pancreas is controlled by the central nervous system. Nervous mental disorders (fear, long-term anxiety) can also cause the development of diabetes. Hereditary predisposition plays a certain role in the origin of the disease. Eating too much food, especially long-term consumption of sugar in large quantities, causes exhaustion of the insular apparatus, which plays a major role in the development of diabetes.

Clinical picture. In diabetes, the patient is very thirsty, drinks a lot of water (polydipsia), often urinates (polyuria, up to 10-15 liters), as well as frequent bowel movements (polyphagia), impotence in women, often genitals itching, weight loss and sleepiness after eating. As a result of increased metabolic processes, patients complain of weakness, reduced work capacity, and very slow healing of wounds. Increased metabolic disturbances later lead to flatulence, loss of appetite and nausea, even vomiting. Due to atherosclerosis (microangiopathy) in large blood vessels, the patient complains of pain in the heart and left arm and left shoulder. Various colors appear around the eyes and the eyes become cloudy. The results of the laboratory analysis are the appearance of blood in the urine, an increase in the relative density of urine, an increase in the amount of sugar in the blood (hyperglycemia). The disease is divided into 3 levels depending on the severity. Light, medium,

heavy. An increase in the amount of carbohydrates in the blood and their appearance in the urine is typical for the mild level of the disease. At the average level, the patient is prone to diabetes, he complains about the complaints listed above, the amount of sugar in the blood increases, and sugar is always present in the urine. In the severe form of diabetes, patients lose their ability to work. Diabetic coma develops due to poisoning of the body with ketone bodies and acidosis. Clinical picture of hypoglycemic coma. Sudden weakness, which usually occurs 1-2 hours after insulin injection, is profuse sweating, tremors, fever, dizziness, headache, rapid heart rate, hunger, color o 'chishi' is one of the main symptoms of hypoglycemia.

Diabetes treatment. Since diabetes is caused by a lack of insulin in the body, insulin is injected into the body to treat the disease. Diet is also prescribed for any type of disease. When the pain is mild, patients are treated only with diet. When the disease is moderately severe or severe, insulin and sugar-lowering drugs are prescribed. Carbohydrate consumption is limited, easily digestible carbohydrates are completely excluded. Sufficient proteins and fats are recommended (9 diet meals). Approximately 50% of carbohydrates, 20% of proteins and 30% of fats are in the daily diet. If the patient is obese, the amount of calories is reduced. Since diet is one of the most important treatment measures, it is necessary to control it. If diet is broken, diabetic coma or, conversely, hypoglycemic coma may begin. In the treatment of patients with diabetes, insulin is the most useful substance. The amount of the drug is determined depending on the level of hyperglycemia, as well as the amount in daily urine. If the patient needs a small amount of insulin (less than 30 units per day), the drug is administered once a day before eating a meal rich in carbohydrates. The patient should eat food 2 hours after the injection of insulin, otherwise hypoglycemia may occur. Insulin is injected under the skin using a special syringe that allows accurate dosing. Before administering insulin, it is necessary to know how many units of the drug are in 1 ml of solution. It cannot be sent 2 times before 6 hours have passed. In order to prevent multiple injections, currently, in addition to crystalline insulin for injections, prolonged-acting drugs: protamine-zinc insulin, insulin zinc suspension are used, because these drugs have convenient advantages. Such preparations are for a long time

It takes effect within 12-24 hours. Medicines in the form of tablets along with insulin in the treatment of diabetes: sulfanilurea products (butamide 1.0 g twice a day, bucarbon 0.5-1 g three times a day, manilin 5 mg twice a day), adebit (from 0.1 g twice a day) is used. Treatment of diabetic coma. 50 units of insulin should be administered intravenously and 50 units subcutaneously. Then, while the state of unconsciousness is being treated, insulin should be injected subcutaneously in 20-30 units every two hours for a total of about 200-300 units per day. At the same time as insulin, 20-30 ml of 40 percent glucose solution is injected into the vein. In addition, 600-800 ml of 5 percent glucose solution is injected under the skin. In order to reduce atidosis, glucose and soda are added to the physiological solution (50 g of glucose, 26 g of sodium bicarbonate, 100 g of physiological solution). Camphor, caffeine, cordiamine are prescribed against collapse.

Treatment of hypoglycemic coma. If the patient is conscious, he is given 50-100 g of bread and 1-2 lumps of sugar or drinks 1 cup of tea. 50 ml of 40% glucose solution is injected intravenously to an unconscious patient. If he does not regain consciousness, after 5-10 minutes, 500-600 mg of 5% glucose and 0.5-1 ml of 0.1% adrenaline solution are repeated subcutaneously.

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