Tips for controlling your diabetes:

Eat smart
- Control your portion sizes.
- Limit fat intake, especially saturated and trans fats (including candy, cakes, fatty meat cuts, fried or processed foods, whole milk or cream, and butter).
- Limit consumption of sugary foods such as sodas, artificially flavored juices, sweetened tea and coffee.
- Limit consumption of salt, commonly found in canned and packaged soups, pickles, and processed meats.
- Get plenty of whole-grain foods.
- Eat plenty of fruits and vegetables, and 100% pure juices.

Exercise regularly
- Regular exercise helps to control weight, blood glucose, cholesterol, blood pressure, as well as keeping the heart and nerves healthy (a key concern for diabetes).
- It is recommended that people with diabetes engage in moderate intensity exercise for at least 30 minutes a day and at least 5 days a week.
- Do some physical activity every day, rather than a lot one day and none the next.
- Discuss your exercise plan and unique health needs with a healthcare provider. If you have problems with your eyes, feet, or blood pressure, he or she may recommend that you limit your physical activity to certain specific types.

Take responsibility for your health
- Monitor your blood glucose levels.
- Take the medications and/or insulin prescription recommended by your healthcare provider.
- Touch base regularly with your endocrinologist, ophthalmologist, and podiatrist, as well as your primary care physician.

What is prediabetes?
- Prediabetes is a condition of elevated blood glucose level that has not yet reached a diabetic level.
- It, along with insulin resistance, had no symptoms. An individual may be prediabetic for years without knowing it.
- Prediabetes increases your risk of developing Type 2 diabetes and heart disease.
- Weight loss and exercise may halt the onset of diabetes from prediabetes by returning blood glucose levels to a normal range.


Diabetes at-a-glance

The Saudi Arabian Ministry of Health (MOH) utilizes a public health approach to address the burden of diabetes in the kingdom. MOH provides free diagnoses and treatment for those with diabetes. The MOH has developed and implemented programs to improve diet and increase physical activity in order to prevent and control diabetes and other chronic diseases. The scope of the Ministry’s activities includes leadership, policy and guidelines development, surveillance, epidemiological and behavioral research, intervention development, technical assistance to regions and communities, training and education, communication, and partnership development.


Common symptoms of diabetes:
- Frequent urination
- Extreme hunger or thirst
- Weight loss
- Problems with vision
- Tingling or numbness of the extremities.
- Unexplained fatigue
- Dry skin
- Cuts or sores that heal slowly
- High number of infections

Diabetes at-a-glance

The Saudi Burden of Disease 2010 study showed that high fasting plasma glucose was the 3rd ranked risk factor for disability-adjusted life years (DALYs) in the Kingdom of Saudi Arabia (KSA). High blood glucose accounted for 10.0% and 7.9% of DALYs for males and females, respectively. Diabetes is strongly associated with higher risks of chronic diseases including atherosclerosis and coronary artery disease.

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Complications of diabetes include:

- **Cardiovascular disease**
  Diabetic individuals are at increased risk for coronary artery disease, atherosclerosis, angina, heart attacks, and strokes.

- **Nerve damage**
  High blood sugar can damage the capillaries that supply nerves, often in the legs and feet, causing a loss of sensation.

- **Kidney damage**
  The body’s kidneys are responsible for filtering waste from the blood. Diabetes can inhibit this process and possibly lead to kidney failure.

- **Eye damage**
  Diabetes can impact the blood vessels that supply the retina, possibly leading to blindness.

- **Alzheimer’s disease**
  Evidence suggests that type 2 diabetes causes increased risk for Alzheimer’s disease.

- **Cancer**
  Evidence suggests that type 2 diabetes causes increased risk for some cancers.

Risk factors for diabetes include:

- **Overweight or obese**
  Being overweight or obese substantially increases the risk of developing diabetes, by inhibiting the body’s ability to produce insulin and raising blood glucose. If you are obese, even slight weight loss can help lower your chance of being diagnosed with diabetes.

- **Having a diabetic relative**
  There is a genetic component to diabetes, making it more likely that an individual with a close family member who is diabetic will develop diabetes himself or herself.

- **High blood pressure**
  A blood pressure of 140/90 or worse substantially increases the risk of developing diabetes.

- **Non normal cholesterol**
  Having an HDL of 35 or lower or Triglyceride level of 250 or higher.

- **Physical inactivity**
  It is recommended that you exercise at least three times a week to lower your risk of developing diabetes.

- **History of gestational diabetes**
  Having previously developed gestational diabetes or given birth to a child of over 4.0 kg increases one risk of developing diabetes.

**Saudi Health Information Survey**

Recent data from the Saudi Health Interview Survey (SHIS) show high rates of diabetes in the Kingdom. An individual is considered diabetic if their blood HbA1c level was 6.5% or more, or if they have been diagnosed and currently treated for diabetes but their blood HbA1c level was less than 6.5%. This large household survey showed that the total prevalence of diabetes was 14.8% for males and 11.7% for females in 2013. The prevalence of diabetes increased with age and ranged from 4.7% among those aged 15-24 years to 50.4% among those aged 65 years and older. The prevalence of diabetes varied by region, with the highest prevalence occurring in Ha'il and the lowest prevalence occurring in Jazan.

The prevalence of pre-diabetes was very high in Saudi. Borderline diabetes was present in 17% of males and 15.5% of females. Moreover, 40.2% of men and 48.4% of women had diabetes and were not aware of it.

The results from the SHIS indicate that diabetes is associated with obesity and hypertension. Diabetes prevalence was 19.9% among those who were obese compared to 10.7% among those who were not obese. Diabetes prevalence was 33.4% among those who were hypertensive compared to 9.6% among those who were not hypertensive.
