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Healthy Manhattan special advertising section

Gender Bias

Diabetes poses unique problems for women

By **MOLLY M. GINTY**

NANCY GLEESON NEVER said “no.” When she saw sugar, she ate it, gorging on cookies, chocolate and banana splits every day for decades. She didn’t worry about the weight gain that left her tipping the scales at 225 pounds. She didn’t heed the family history that put her at high risk for diabetes—until she wound up in the emergency room with debilitating fatigue and a blood sugar level that was triple the norm.

“I didn’t realize I had to take care of my body until it was nearly too late,” said Gleeson, a mother and one of 9 million American women who have diabetes.

Exacerbated by the rise in obesity and increasingly sedentary lifestyles, diabetes has soared to record levels in the United States. This disease affects women differently than men, as only women develop gestational diabetes and are more likely to develop complications like damage to the nerves and heart.

Women of color are especially at risk, with double the likelihood of developing the disease. Since women are in greater danger of getting diabetes, health experts are reaching out to women in the hope that they will help stem the tide of this health epidemic.

“This disease is a silent killer,” said Cathy Tibbetts, president of health care and education for the American Diabetes Association, based in Alexandria, Va. “Though 8.7 percent of American women have diabetes, a third of them don’t realize they are affected.”

Tibbetts says that because diabetes can develop gradually with no obvious outward signs—and because Americans have such poor health habits—the disease has become the sixth leading cause of death among women in the U.S. today.

Diabetes is a disease in which the body fails to produce or process insulin, a hormone that is manufactured by the pancreas and helps convert food into energy. Over time, diabetes causes glucose or sugar to accumulate in the bloodstream instead of being used for fuel.

This buildup causes excessive thirst, frequent urination and physical exhaustion. It can also wreak havoc with the whole body, which is why diabetes often comes hand in hand with secondary complications like heart, eye and kidney disease.

Depending on the symptoms and age of onset, diabetes can fall into one of two categories. Type 1, in which the pancreas makes little or no insulin, usually strikes in childhood and can be treated with injectable insulin. Type 2, in which the body is resistant to insulin, usually strikes in adulthood and can be treated with prescription medication. Though both types are affected by genetic predisposition, health habits are more likely to trigger type 2 than type 1.

Though diabetes affects men and women in equal numbers, women’s concerns when it comes to this disease are especially pressing. Conditions like polycystic ovarian syndrome can increase the risk of developing either type 1 or type 2. Also, pregnant women run the risk of giving birth to an unusually large infant.

If a woman is as little as 10 pounds overweight before pregnancy, she could develop gestational diabetes, in which the hormones produced by the placenta interfere with insulin production in the mother. Affecting 4 percent of pregnancies in the U.S., gestational diabetes can increase the likelihood for a woman to develop type 2 diabetes later in life.

If a woman already has diabetes, gender differences can complicate her treatment. Women experience more fluctuations in the level of the hormone estrogen, which makes cells more

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receptive to insulin and thus lowers blood sugar. Thus, during the course of the menstrual cycle, female diabetics must monitor their glucose levels more carefully.

And female diabetics are more likely than male diabetics to develop secondary complications, such as cardiovascular disease and reduced blood flow to the hands and feet, though health advocates are not yet sure what accounts for this gender difference.

Studies show that women of color are at higher risk than white women. Due to a combination of genetic and lifestyle factors, diabetes is twice as common among African-American and Latina women, who are also more likely to experience eye problems and kidney failure.

Experts say that often, beating diabetes comes down to the individual—especially individual women. Diabetes websites and public service campaigns are targeted at women for social as well as statistical reasons.

“In most families, women are the ones who decide what kind of food goes on the table,” Tibbetts said. “They decide when and how their families exercise. As women, we have the opportunity—and the responsibility—to protect ourselves and our families from this health epidemic.”

This article first appeared in Womensenews.org