### ISSN: 2167-0943

# An Overview of Type 2 Diabetes

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# **Description**

A problem with how the body controls and uses sugar (glucose) as fuel is a hallmark of type 2 diabetes. An excessive amount of sugar circulates in the bloodstream as a result of this chronic (long-term) illness. Problems with the immune, neurological, and circulatory systems may develop as a result of high blood sugar levels. In type 2 diabetes, there are basically two interconnected issues at play. You can ingest less sugar because your pancreas does not make enough insulin, a hormone that controls how quickly sugar enters your cells. Additionally, your cells don't react well to insulin.

Although type 1 and type 2 diabetes can start in infancy or maturity, type 2 diabetes used to be known as adult-onset diabetes. Although type 2 diabetes is more prevalent in older folks, it is also becoming more prevalent in younger people due to the rise in the number of obese youngsters. Although there is no known treatment for type 2 diabetes [1-3], you can control the condition by decreasing weight, eating healthily, and exercising. You may require diabetic medication or insulin therapy to maintain blood sugar control if diet and exercise are insufficient. Type 2 diabetes symptoms and indications frequently develop gradually. In fact, you may have type 2 diabetes and not even be aware of it increased urination, increased thirst.

An organ beneath and beyond the stomach that produces the hormone insulin is the pancreas (pancreas). The pancreas secretes insulin in reaction to blood sugar levels, which governs how the body uses sugar in the following ways. Your bloodstream is circulating with insulin, which permits sugar to enter your cells [4,5]. Your blood's sugar content lowers. This decline affects the pancreas' ability to make insulin. The main energy source for muscle and other tissue cells is glucose, a sugar. Here are some instances of how glucose is utilised and controlled. The two main sources of glucose are food and your liver.

Insulin helps glucose enter the bloodstream and reach the cells. Glucose is both produced and stored by your liver. The liver produces glucose from stored glycogen when your blood sugar levels are low, such as when you haven't eaten in a while. This helps to keep your blood sugar levels within a normal range. Diabetes type 2 does not respond well to this approach. Sugar builds up in your bloodstream rather than entering your cells. The pancreas' insulin-producing beta cells produce more insulin when blood sugar levels rise. Over time, these cells deteriorate and are unable to produce enough insulin to satisfy the body's needs. When a person has type 1 diabetes, their immune system unintentionally destroys beta cells, leaving little or no insulin in the bloodstream.

Type 2 diabetes can have an impact on your heart, blood vessels, neurons, eyes, kidneys, and many other important organs. Additionally, diabetes risk factors are often associated with other significant chronic diseases. Your chance of developing these consequences or coexisting illnesses can be decreased by managing your diabetes and blood sugar. Heart and blood vessel disease are two prominent comorbidities and consequences of diabetes. Heart disease, stroke, high blood pressure, and blood vessel narrowing are all associated with an increased risk of diabetes (atherosclerosis).

### **Conflict of Interest**

None.

## References

- Ward, Richard A., Bärbel Schmidt, Jeannine Hullin and Günther F. Hillebrand, et al. "A comparison of on-line hemodiafiltration and high-flux hemodialysis: A prospective clinical study." J Am Soc Nephrol 11 (2000): 2344-2350.
- Semenza, Gregg L., and Reed E. Pyeritz. "Respiratory complications of mucopolysaccharide storage disorders." Med 67 (1988): 209-219.
- Delanaye, Pierre, Bernard E. Dubois, François Jouret and Jean-Marie Krzesinski, et al. "Parathormone and bone-specific alkaline phosphatase for the follow-up of bone turnover in hemodialysis patients: Is it so simple?." *Clin Chim Acta* 417 (2013): 35-38.
- Phan, T. C. A., Jiake Xu and M. H. Zheng. "Interaction between osteoblast and osteoclast: Impact in bone disease." *Histol Histopathol* 19 (2004).
- Mayer P., J.L. Pépin, G. Bettega and D. Veale, et al. "Relationship between body mass index, age and upper airway measurements in snorers and sleep apnoea patients." *Eur Respir J* 9 (1996): 1801-1809.

How to cite this article: Andrew, Lisa. "An Overview of Type 2 Diabetes." J Metabolic Synd 11 (2022): 295.

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**Received:** 05 September 2022, Manuscript No. jms-23-87452; **Editor assigned:** 07 September 2022, Pre QC No. P-87452; **Reviewed:** 09 September 2022, QC No.Q-87452; **Revised:** 23 September 2022, Manuscript No. R-87452; **Published:** 30 September 2022, DOI: 10.37421/2167-0943.2022.11.295

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