

Ministry of higher education and scientific research

Erbil polytechnic university

Shaqlawa technical college

Department of Nursing

morning Classes

Grade “2”

Graduation project (Research)

Knowledge of Iraqi People regarding Type 2 Diabetes in Erbil

Supervised by:

Mr. Dler M. Saeed

Prepared by:

ismail rebwar

bushra mustafa

asma sabr

evan nawzad

*Supervisor's Certification*

*I certify that this thesis was prepared under my supervision at Erbil polytechnic university, Shaqlawa Technical College, Nursing Department in partial fulfilment of the requirements for the degree of diploma of Science in Nursing.*

Lecturer

Dler M. Saeed

Nursing Department

Shaqlawa Technical College

Erbil polytechnic university

(2022-2023)

Hashem H. Abdullah

Head of Nursing Department

Shaqlawa Technical College

Erbil polytechnic university

(2022-2023)

**COMMITTEE CERTIFICATE**

We, the members of the Examining Committee certify that, after reading this thesis and examining the student in its contents, it is adequate for the award of the degree of Diploma in Nursing Science.

**Signature:**

Member

Dler M. saeed

Assistant Lectures

Nursing Department  **Signature:**

Shaqlawa Technical College Chairman

Erbil Polytechnic University Nihayet. Shekh

Date:17/4/2023 Assistant Lecture

 Nursing department

**Signature:**  Shaqlawa Technical College

Member Erbil Polytechnic University

Khanzad A. Pirdawood

Nursing Department

Shaqlawa Technical College

Erbil Polytechnic University

Date:17/4/2023

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Approved by the council of the Erbil polytechnic university, Shaqlawa

 Technical College, Nursing Department.

**Hashem H. Abdollah**

Head of Nursing Department

Shaqlawa Technical College

Erbil polytechnic university

Date: 17/4/2023

**ACKNOWLEDGEMENT**

Before all, greatest thanks to Allah the glorious merciful and the compassionate. we would like to express our sincere thanks gratitude to our supervisor dr.Dler Muhammad for his guidance and help. We would like to express our thanks for Mr. Hashm Hamad, Head of Nursing Department Finally we want to express our appreciation to all samples who participated in the study.

Ismail rebwar

Bushra mustafa

Asma sabr

Evan nawzad

***Table of contents***

|  |  |
| --- | --- |
| Subjects | Page Number |
| Certification | 2 |
| Signature | 3 |
| Acknowledgment | 4 |
| Table of contents | 5-6 |
| Abstract | 7 |
| **CHAPTER ONE** | 8 |
|  Introduction | 9 |
| Objective of the study | 10 |
| Review of literature | 11-18 |
| * What Is Type 2 Diabetic …?
 | 11 |
| * Symptoms
 | 11 |
| * Causes
 | 12 |
| * Risk factors
 | 13-14 |
| * Prevention
 | 14 |
| * Complication
 | 14-15 |
| * Diagnosis
 | 15 |
| * Treatment
 | 15-16 |
| * Nursing intervention
 | 17 |
| **CHAPTER TWO** | 18 |
| Methodology | 19 |
| * Design of the study
 | 19 |
| * Duration of the study
 | 19 |
| * Sample of the study
 | 19 |
| * Setting of the study
 | 19 |
| * Method and tool of data collection
 | 19 |
| * Ethical consideration
 | 19 |
| * Statistical analysis
 | 19 |
| CHAPTER THREE | 20 |
| Result | 21-24 |
| CHAPTER FOUR | 25 |
| Discussion | 26 |
| CHAPTER FIVE | 27 |
| Conclusions and Recommendation | 28-29 |
| * Conclusions
 | 28 |
| * Recommendation
 | 29 |
| Reference | 30 |
| APPENDIX |  |
| Questionnaire | 32-34 |
| پوختە | 35 |
| تجریدي | 35 |

**Abstract**

Type 2 diabetes mellitus (formerly called non-insulin-dependent diabetes) causes abnormal carbohydrate, lipid and protein metabolism associated with insulin resistance and impaired insulin secretion. Patient’s knowledge regarding disease process, treatment and complications of medications may play a great role in prognosis of the DM disorder and there is little studies about it so we decide to perform this study in order to understand the level of knowledge of patients with DM in our area. In the study, we distributed questionnaires to 40 people, With the questionnaires we gave information to those with little knowledge verbally. The study showed that knowledge of study sample was good as the majority of them had good overall knowledge and information. This can be attributed to the information provided by doctors and nurses and the awareness spread on social networks.

Chapter one

**Introduction**

Type 2 diabetes (formerly called non-insulin-dependent, or adult-onset) results from the body’s ineffective use of insulin. More than 95% of people with diabetes have type 2 diabetes. This type of diabetes is largely the result of excess body weight and physical inactivity.{1}

415 million people live with diabetes worldwide, and an estimated 193 million people have undiagnosed diabetes. Type 2 diabetes accounts for more than 90% of patients with diabetes and leads to microvascular and macrovascular complications that cause profound psychological and physical distress to both patients and carers and put a huge burden on health-care systems.

 Despite increasing knowledge regarding risk factors for type 2 diabetes and evidence for successful prevention programmes, the incidence and prevalence of the disease continues to rise globally. Early detection through screening programmes and the availability of safe and effective therapies reduces morbidity and mortality by preventing or delaying complications. {2}

People knowledge regarding disease process, treatment and complications of medications may play a great role in prognosis of the DM disorder and there is little studies about it so we decide to perform this study in order to understand the level of knowledge of people with DM in our area.

 **objectives**

this study had 2 objectives which is listed below:

1. assess the knowledge of people with type 2 DM regarding their disorder.
2. assessing some demographic data which may affect people

**Lecture Review**

**What Is Type 2 diabetes?**

Type 2 diabetes is a chronic disease. It is characterized by high levels of sugar in the blood. Type 2 diabetes is also called type 2 diabetes mellitus and adult-onset diabetes. That's because it used to start almost always in middle- and late-adulthood. However, more and more children and teens are developing this condition. Type 2 diabetes is much more common than type 1 diabetes, and is really a different disease. But it shares with type 1 diabetes high blood sugar levels, and the complications of high blood sugar{3}

**Symptoms**

Signs and symptoms of type 2 diabetes often develop slowly. In fact, you can be living with type 2 diabetes for years and not know it. When signs and symptoms are present, they may include:

Increased thirst

Frequent urination

Increased hunger

Unintended weight loss

Fatigue

Blurred vision

Slow-healing sores

Frequent infections

Numbness or tingling in the hands or feet

Areas of darkened skin, usually in the armpits and neck{4}

**Causes of Type 2 Diabetes**

Your pancreas makes a hormone called insulin. It helps your cells turn glucose, a type of sugar, from the food you eat into energy. People with type 2 diabetes make insulin, but their cells don't use it as well as they should.

At first, your pancreas makes more insulin to try to get glucose into your cells. But eventually, it can't keep up, and the glucose builds up in your blood instead.

Usually, a combination of things causes type 2 diabetes. They might include:

Genes. Scientists have found different bits of DNA that affect how your body makes insulin.

Extra weight. Being overweight or obese can cause insulin resistance, especially if you carry your extra pounds around your middle.

Metabolic syndrome. People with insulin resistance often have a group of conditions including high blood sugar, extra fat around the waist, high blood pressure, and high cholesterol and triglycerides

Too much glucose from your liver. When your blood sugar is low, your liver makes and sends out glucose. After you eat, your blood sugar goes up, and your liver will usually slow down and store its glucose for later. But some people's livers don't. They keep cranking out sugar.

Bad communication between cells. Sometimes, cells send the wrong signals or don't pick up messages correctly. When these problems affect how your cells make and use insulin or glucose, a chain reaction can lead to diabetes.

Broken beta cells. If the cells that make insulin send out the wrong amount of insulin at the wrong time, your blood sugar gets thrown off. High blood sugar can damage these cells, too.{5}

**Risk factors**

Factors that may increase your risk of type 2 diabetes include:

Weight. Being overweight or obese is a main risk.

Fat distribution. Storing fat mainly in your abdomen — rather than your hips and thighs — indicates a greater risk. Your risk of type 2 diabetes rises if you're a man with a waist circumference above 40 inches (101.6 centimeters) or a woman with a measurement above 35 inches (88.9 centimeters).

Inactivity. The less active you are, the greater your risk. Physical activity helps control your weight, uses up glucose as energy and makes your cells more sensitive to insulin.

Family history. The risk of type 2 diabetes increases if your parent or sibling has type 2 diabetes.

Race and ethnicity. Although it's unclear why, people of certain races and ethnicities — including Black, Hispanic, Native American and Asian people, and Pacific Islanders — are more likely to develop type 2 diabetes than white people are.

Blood lipid levels. An increased risk is associated with low levels of high-density lipoprotein (HDL) cholesterol — the "good" cholesterol — and high levels of triglycerides.

Age. The risk of type 2 diabetes increases as you get older, especially after age 45.

Prediabetes. Prediabetes is a condition in which your blood sugar level is higher than normal, but not high enough to be classified as diabetes. Left untreated, prediabetes often progresses to type 2 diabetes.

Pregnancy-related risks. Your risk of developing type 2 diabetes increases if you developed gestational diabetes when you were pregnant or if you gave birth to a baby weighing more than 9 pounds (4 kilograms).

Polycystic ovary syndrome. Having polycystic ovary syndrome — a common condition characterized by irregular menstrual periods, excess hair growth and obesity — increases the risk of diabetes

Areas of darkened skin, usually in the armpits and neck. This condition often indicates insulin resistance.{4}

**Type 2 Diabetes Prevention**

Adopting a healthy lifestyle can help you lower your risk of diabetes.

Lose weight. Dropping just 7% to 10% of your weight can cut your risk of type 2 diabetes in half.

Get active. Thirty minutes of brisk walking a day will cut your risk by almost a third.

Eat right. Avoid highly processed carbs, sugary drinks, and trans and saturated fats. Limit red and processed meats.

Quit smoking. Work with your doctor to keep from gaining weight after you quit, so you don't create one problem by solving another.{5}

**Type 2 Diabetes Complications**

Over time, high blood sugar can damage and cause problems with your:

Heart and blood vessels. You’re up to five times more likely to get heart disease or have a stroke. You’re also at high risk of blocked blood vessels (atherosclerosis) and chest pain (angina).

Kidneys. If your kidneys are damaged or you have kidney failure, you could need dialysis or a kidney replacement.

Eyes. High blood sugar can damage the tiny blood vessels in the backs of your eyes (retinopathy). If this isn’t treated, it can cause blindness.

Nerves. This can lead to trouble with digestion, the feeling in your feet, and your sexual response.

Skin. Your blood doesn’t circulate as well, so wounds heal slower and can become infected.

Pregnancy. Women with diabetes are more likely to have a miscarriage, a stillbirth, or a baby with a birth defect.

Sleep. You might develop sleep apnea, a condition in which your breathing stops and starts while you sleep.

Hearing. You’re more likely to have hearing problems, but it’s not clear why.

Brain. High blood sugar can damage your brain and might put you at higher risk of Alzheimer’s disease.

Depression. People with the disease are twice as likely to get depressed as people who don’t have it.{4}

**Type 2 Diabetes Diagnosis and Tests**

Your doctor can test your blood for signs of type 2 diabetes. Usually, they’ll test you on 2 days to confirm the diagnosis. But if your blood glucose is very high or you have many symptoms, one test may be all you need.

A1c. It's like an average of your blood glucose over the past 2 or 3 months.

Fasting plasma glucose. This is also known as a fasting blood sugar test. It measures your blood sugar on an empty stomach. You won't be able to eat or drink anything except water for 8 hours before the test.

Oral glucose tolerance test (OGTT). This checks your blood glucose before and 2 hours after you drink something sweet to see how your body handles the sugar.{5}

**Treatment for Type 2 Diabetes Mellitus**

Well-balanced and healthy diet. Contrary to popular belief, there is no such thing as a diabetes diet. However, it is critical to center the diet of the patient on the following:

A consistent schedule of healthy meals and snacks

Smaller portion sizes of foods

Increase the intake of high-fiber foods such as fruits, non starchy vegetables, and whole-grain products.

Reduced consumption of refined grains, starchy vegetables, and sweets

Small portions of low-fat dairy, low-fat meats, and fish

Cooking oils that are good for the health, like olive oil or canola oil

Lower caloric intake

Increased Physical Activity. Exercise is essential for losing or maintaining a healthy weight. It also aids in the regulation of blood glucose levels. Here are some physical activities that are recommended for Type 2 diabetes mellitus patients:

Resistance Training

Aerobic Exercises

Maintaining a healthy weight. Maintaining a healthy weight improves blood sugar, cholesterol, triglycerides, and blood pressure regulation. If a patient is overweight, they might notice a difference in these factors after losing as little as 5% of the body weight. However, the more weight a patient loses, the better the health and disease management will be.

Monitoring of blood sugar at home using a glucometer regularly.

Taking antidiabetic medications or opting for insulin therapy as prescribed.{5}

**What are some medications taken for type 2 diabetes ?**

Metformin

Sulfonylureas

Meglitinides

DPP-4 inhibitors

GLP-1 receptor agonists.

SGLT2 inhibitors.

GIP and GLP-1 receptor agonist.

Insulin.{3}

**Nursing Intervention**

Advice patient about the importance of an individualized meal plan in meeting weekly weight loss goals and assist with compliance.

Assess patients for cognitive or sensory impairments, which may interfere with the ability to accurately administer insulin.

Demonstrate and explain thoroughly the procedure for insulin self-injection. Help patient to achieve mastery of technique by taking step by step approach.

Review dosage and time of injections in relation to meals, activity, and bedtime based on patients individualized insulin regimen.

Instruct patient in the importance of accuracy of insulin preparation and meal timing to avoid hypoglycemia.

Explain the importance of exercise in maintaining or reducing weight.

Advise patient to assess blood glucose level before strenuous activity and to eat carbohydrate snack before exercising to avoid hypoglycemia.

Assess feet and legs for skin temperature, sensation, soft tissues injuries, corns, calluses, dryness, hair distribution, pulses and deep tendon reflexes.

Maintain skin integrity by protecting feet from breakdown.

Advice patient who smokes to stop smoking or reduce if possible, to reduce vasoconstriction and enhance peripheral flow.{5}

Chapter Two

**2.1. Design of the study:**

A descriptive study was conducted in order to assess knowledge of Iraqi people regarding type 2 diabetes in Erbil.

**2.2. Duration of the study:**

This study performed from (23-OCT-2022) to (17--APR-2023) .

**2.3. Sample of the study:**

A purposive sample of total 40 People, in Erbil. were selected randomly.

**2.4. Setting of the study:**

Study was conducted in erbil city

**2.5. Method and tool of data collection:**

A questionnaire was prepared to assess Knowledge of iraqi people regarding Type 2 Diabetes in Erbil. Also another special form was prepared to collect biographic data about participants.

A self-administered questionnaire was delivered to each participant including questions about

Causes , Symptoms, risk factor, preventive measures and treatments to measure participant’s knowledge regarding DM.

**2.6. Ethical considerations:**

The agreement of participants was taken verbally to participate in the study.

**2.7. Statistical analysis:**

Data management and statistical analysis: Data was reordered on a specially

designed questionnaire, collected and included number and percentages of each

category of the questionnaire the results was presented as numbers &

percentage ,collected data was analyzed by Excel program.

Chapter Three

Demographic Data collection

|  |
| --- |
| Table(1) Age |
| N. | Age | Frequency | Percent |
| 1. | <20 | 0 | %0 |
| 2. | 21-35 | 4 | %10 |
| 3. | 36-45 | 11 | %28 |
| 4. | 46-55 | 15 | %38 |
| 5. | 55-60 | 3 | %8 |
| 6. | >60 | 7 | %18 |
| Table(2) Level of education |
| N. | Level of education | Frequency | Percent |
| 1. | Illiterate | 14 | %33 |
| 2. | Primary school | 8 | %20 |
| 3. | Secondary school | 11 | %28 |
| 4. | Institute | 3 | %8 |
| 5. | College , and above | 4 | %10 |

|  |
| --- |
| Table(3) Gender status level |
| N | Gender | Frequency | Percent |
| 1. | female | 20 | %50 |
| 2. | male | 20 | %50 |
| Table(4) accommodation status level |
| N. | accommodation | Frequency | Percent |
| 1. | Rural | 11 | %27.5 |
| 2. | Urban | 29 | %72.5 |

In this research out of 40 persons according to age, none of them was below 20 years[%0(0)], %7.5 (3) persons was between 21-35 years , %27.5(11) females was between 36-45 , %35(14) persons was between 46-55 and %22.5(9) person above 55 years.

Out of 40 person according to residence , %72.5(29) persons was in urban , %27.5(11) prsons was in rural.

Out of 40 person according to level of education , %33(14) person was illiterate, %20 (8) females was in primary school , %28(11) females was in secondary school , %8(3) females was in institute and %10(4) persons was in college or above.

Out of 40 participants according based on gender. %50 (20) persons was male, %50 (20) persons was female.

Table 5: Participant’s knowledge about type 2 diabetes

|  |  |  |
| --- | --- | --- |
| Verbal Question | YES | NO |
| N. Person | percent | N. person | percent |
| Is type 2 of diabetes communicable? | 4 | %10 | 36 | %90 |
| Diabetes affects the eyes? | 29 | %72.5 | 11 | %27.5 |
| In severe cases, it can cause amputation of the legs? | 30 | %75 | 10 | %25 |
| Diabetes is a chronic disease? | 31 | %77.5 | 9 | %22.5 |
| Does the child develop diabetes? | 8 | %20 | 32 | %80 |
| Diabetes affects body weight? | 30 | %75 | 10 | %25 |
| Does type 1 diabetes change to type 2? | 34 | %85 | 6 | %15 |
| Does family history affect type 2 diabetes? | 32 | %80 | 8 | %20 |
| Can you take all medicines with diabetes medicines? | 30 | %75 | 10 | %25 |
| Thirsty is a symptom of diabetes? | 17 | %42.5 | 23 | %57.5 |
| Does drinking too much water affect blood sugar levels? | 23 | %57.5 | 17 | %42.5 |
| Do T2 DM medications cure this disease? | 34 | %85 | 6 | %15 |
| Frequent urination is a symptom of diabetes? | 27 | %67.5 | 13 | %32.5 |
| Fear affects blood sugar levels? | 18 | %45 | 22 | %55 |
| Are diabetes medicines taken on need? | 22 | %55 | 18 | %45 |

Out of 40 persons ,[ (%10(4) in 1st question)-(%27.5(11) in 2nd question)-(%25(10) in 3rd question)-(%22.5(9) in 4th question) ] of persons answered wrong to questions.

and Out of 40 persons ,[ (%80(32) in 5th question)-(%25(10) in 6th question)-(%15(6) in 7th question)-(%20(8) in 8th question) ] of persons answered wrong to questions..

And Out of 40 persons ,[ (%75(30) in 9th question)-(%57.5(23) in 10th question)-(%42.5(17) in 11th question)-(%85(34) in 12th question) ] of persons answered wrong to questions.

And Out of 40 persons ,[ (%13(32.5) in 13th question)-(%55(22) in 14th question)-(%45(18) in 15th question] of persons answered wrong to questions.

table (6) average of qualified person

|  |  |
| --- | --- |
| Full mark | 600 |
| Total mark | 418 |
|  Mark per person | 10.45 |
| Mark by percentage  | %69.667 |

Chapter four

**discussion**

The current study assessed People knowledge about type 2 diabetes . One goal of this study was to assess type 2 diabetes awareness among a group of people in Erbil .The people who were evaluated consisted of The elderly , More than half of them ( 66% )of participants ( 36-55 years).The majority of our people (% 72.5 ) residents of the Urban,(%27.5) in residents of the Rural. A lot of them (33%) had illiterate level of education٫less of them (%8) had institute education and some other levels. The study showed that knowledge of study sample was good as the majority of them had good overall knowledge and information. This can be attributed to the information provided by doctors and nurses and the awareness spread on social networks. However, some people still have misconceptions about type 2 diabetes including some thought that urination is not related to diabetes،And they thought drinking water would not affect blood sugar levels.

The incidence of type 2 diabetes is increasing day by day among the elderly, according to research conducted in Basra،A local study including more than 5400 people in the city of Basra, Southern Iraq, and reported a 19.7% age-adjusted prevalence of diabetes in subjects aged 19 to 94 years.

And According to a study conducted on 15 November 2020 more than 13.9% of adults in Iraq live with diabetes, and many do not know that they have the disease.

Chapter five

Conclusion

Finally, as a result of study, we found that their level of knowledge about diabetes is good but some of their problems such as poor health education is one of the barriers to enhance awareness level among population regarding DM. other Barriers to enhance awareness include (shame, phobia, illiteracy, poor resources, many other barriers...)

Recommendation

We suggest that this study is better to be repeated with more participants.

We suggest that more information should be disseminated through newspapers, pamphlets, social media and seminars. The purpose is to give people more information and more importantly. Give to people with diabetes or at risk of diabetes, it is more important to health and eat healthy food and exercise, a hba1c of the diabetes test done as soon as possible and take great care of your health to reduce the negative consequences after diabetes, they are necessary Continue to try to control their blood sugar levels through medication, healthy eating and exercise.

Reference

1. <https://www.who.int/news-room/fact-sheets/detail/diabetes>
2. **Chatterjee S**, Khunti K, Davies MJ.

 <https://pubmed.ncbi.nlm.nih.gov/28190580/>

1. February 23, 2022

 https://www.health.harvard.edu/a\_to\_z/type-2-diabetes-mellitus-a-to-z4 By Mayo Clinic Staff

1. by myoclonic staff

<https://www.mayoclinic.org/diseases-conditions/type-2-diabetes/symptoms-causes/syc-20351193>

1. Written by WebMD Editorial Contributors

 Medically Reviewed by Michael Dansinger, MD on December 12, 2022

<https://www.webmd.com/diabetes/type-2-diabetes>

Questionnaire

* **Part one :**Data collection form

**AGE …….**

**Gender: Female ( ) ‌ MALE ( )**

**City/Country/state :**

**Residence:** Urban ( **)** Rural **( )**

**Material state :**Married **( )** Single **( )**

**Level of education :** Illiterate **( )**  Primary school **( )**  Secondary school **( )**  Institute **( )**

college, and above **( )**

**Occupation:** Employed **( )**  Un employed **( )**

Student **( )**

**Date of registered** : Day**( )**  Mo**( )**  yr**( )**

* **Part two:** people information about Type 2 Diabetes .

|  |  |  |  |
| --- | --- | --- | --- |
| N | Questions | Yes | No |
| 1 | Is type 2 of diabetes communicable |  |  |
| 2 | Diabetes affects the eyes and kidneys? |  |  |
| 3 | In severe cases, it can cause amputation of the legs? |  |  |
| 4 | Diabetes is a chronic disease? |  |  |
| 5 | Does the child develop diabetes? |  |  |
| 6 | Diabetes affects body weight? |  |  |
| 7 | Does type 1 diabetes change to type 2? |  |  |
| 8 | Does family history affect type 2 diabetes? |  |  |
| 9 | Can you take all medicines with diabetes medicines? |  |  |
| 10 | Fear affects blood sugar levels?  |  |  |
| 11 | Thirsty is a symptom of diabetes? |  |  |
| 12 | Does drinking too much water affect blood sugar levels? |  |  |
| 13 | Frequent urination is a symptom of diabetes? |  |  |
| 14 | Do T2 DM medications cure this disease |  |  |
| 15 | Are diabetes medicines taken on need? |  |  |

پووختە

جۆری دووەمی شەکرە (پێشتر پێی دەگوترا شەکرەی وابەستە بە ئەنسۆلین) دەبێتە هۆی نائاسایی میتابۆلیزمی کاربۆهیدرات و چەوری و پرۆتین کە پەیوەندی بە بەرگری ئەنسۆلین و تێکچوونی دەردانی ئەنسۆلینەوە هەیە. بەرگری ئەنسۆلین بەشدارێکی سەرەکییە بۆ پێشکەوتنی نەخۆشییەکە و ئاڵۆزییەکانی نەخۆشی شەکرە. جۆری دووەمی شەکرە حاڵەتێکی باو و کەم دەستنیشانکراوە و تەحەدای چارەسەرکردن بۆ پزیشکانی خێزان دروست دەکات. هێنانەکایەی ماددە نوێیەکانی زارەکی لە ماوەی سێ ساڵی ڕابردوودا، مەودای ڕێژیمە تێکەڵە ئەگەرییەکانی فراوانتر کردووە کە بۆ چارەسەرکردنی جۆری دووەمی شەکرە بەردەستن. سەرەڕای هەڵبژاردنی ماددە دەرمانییەکان، پزیشکان دەبێ جەخت لەسەر ڕێگا نادەرمانییەکان بکەنەوە کە بریتین لە گۆڕینی خۆراک، کۆنترۆڵکردنی کێش و وەرزشی بەردەوام. ڕێبازە دەرمانییەکان دەبێت لەسەر بنەمای تایبەتمەندییەکانی نەخۆش، ئاستی کۆنترۆڵکردنی گلوکۆز و ڕەچاوکردنی تێچوون بێت. ڕەنگە تێکەڵکردنی ماددە جیاوازەکانی زارەکی بەسوود بێت بۆ کۆنترۆڵکردنی بەرزبوونەوەی شەکری خوێن پێش ئەوەی چارەسەری ئەنسۆلین پێویست بێت. ڕێبازی چاودێری هەنگاو بە هەنگاو بۆ چارەسەری دەرمان لەوانەیە عەقڵانیترین و کارامەترین ڕێباز بۆ بەڕێوەبردنی ئەم نەخۆشییە دابین بکات. شیکارییە دەرمان-ئابوورییەکانی تاقیکردنەوە کلینیکیەکان پێویستە بۆ دیاریکردنی ستراتیژییەکانی چارەسەری کاریگەر لە تێچوون بۆ بەڕێوەبردنی جۆری دووەمی شەکرە.

تدریجی

داء السكري من النوع 2 (يُسمى سابقًا مرض السكري غير المعتمد على الأنسولين) يسبب التمثيل الغذائي غير الطبيعي للكربوهيدرات والدهون والبروتين المرتبط بمقاومة الأنسولين وضعف إفراز الأنسولين. تعتبر مقاومة الأنسولين عاملاً رئيسياً في تطور المرض ومضاعفات مرض السكري. داء السكري من النوع 2 هو حالة شائعة لا يتم تشخيصها جيدًا وتشكل تحديات علاجية لممارسي الأسرة. أدى إدخال عوامل جديدة عن طريق الفم خلال السنوات الثلاث الماضية إلى توسيع نطاق الأنظمة المركبة الممكنة المتاحة لعلاج مرض السكري من النوع 2. على الرغم من اختيار العوامل الدوائية ، يجب على الأطباء التأكيد على الأساليب غير الدوائية لتعديل النظام الغذائي ، والتحكم في الوزن وممارسة التمارين الرياضية بانتظام. يجب أن تستند المناهج الدوائية على خصائص المريض ومستوى التحكم في الجلوكوز واعتبارات التكلفة. قد تكون مجموعات العوامل الفموية المختلفة مفيدة في السيطرة على ارتفاع السكر في الدم قبل أن يصبح العلاج بالأنسولين ضروريًا. قد يوفر نهج الرعاية المتدرجة للعلاج الدوائي النهج الأكثر عقلانية وفعالية من حيث التكلفة لإدارة هذا المرض. هناك حاجة إلى التحليلات الاقتصادية الدوائية للتجارب السريرية لتحديد استراتيجيات العلاج الفعالة من حيث التكلفة لإدارة مرض السكري من النوع 2.



وەزارەتی خوێندنی نالا و توێژیناوەی زانستی

زانکۆی پۆلیتەکنیکی هەولیر

کۆلێژی تەکنیکی شەقلاوە

بەشی پەرستاری

پڕۆژەی دەرچوون (لێکۆڵینەوە) بۆکۆلێژی تەکنیکی شەقڵاوە

دەربارەی زانیاری خەلکی عراق لەسەر شەکرەی جۆری 2 لە هەولێر.

سەرپەرشتیکراوە لەلایەن:

م.دلێرمحەمەد

ئامادەکردنی:

اسماعیل رێبوار

اسماء سابر

بوشرا مستەفا

ئیڤان نەوزاد

 (2022-2023)

## THANK YOU..