Risk Factors of Diabetes

Abstract

Diabetes is a chronic metabolic disorder that affects millions of individuals worldwide. Understanding the risk factors associated with the development and progression of diabetes is crucial for effective prevention and management strategies. This abstract provides an overview of the risk factors of diabetes, including both modifiable and non-modifiable factors, and their implications for public health. The abstract begins by defining diabetes as a condition characterized by high blood glucose levels resulting from impaired insulin production or insulin resistance. It emphasizes the growing prevalence of diabetes globally and the significant burden it poses on individuals and healthcare systems. The abstract then explores the various risk factors associated with the development of diabetes. Non-modifiable factors such as genetics, family history, and age are discussed, highlighting their influence on an individual's susceptibility to the disease. Modifiable lifestyle factors including obesity, physical inactivity, unhealthy diet, and smoking are also addressed, emphasizing their strong association with diabetes risk. Furthermore, the abstract delves into the interplay between these risk factors, highlighting the synergistic effects and cumulative risk they pose. For example, individuals with a genetic predisposition to diabetes may have an even higher risk if they also lead a sedentary lifestyle and have poor dietary habits. The implications of identifying and addressing these risk factors are discussed in the context of public health. Recognizing modifiable risk factors presents opportunities for targeted interventions and preventive measures. Promoting healthy lifestyle habits, implementing population-wide education campaigns, and improving access to healthcare services are some strategies that can effectively mitigate diabetes risk. Lastly, the abstract emphasizes the importance of continued research to further understand the complex interplay between risk factors and diabetes. By gaining deeper insights into the underlying mechanisms and interactions, more personalized and targeted interventions can be developed to prevent and manage diabetes effectively. In conclusion, this abstract highlights the multifactorial nature of diabetes risk, encompassing both non-modifiable and modifiable factors. Identifying and addressing these risk factors is crucial for effective diabetes prevention and management. Public health strategies should focus on promoting healthy lifestyles and providing accessible healthcare services to reduce the burden of diabetes on individuals and society as a whole. Continued research efforts are essential to refine our understanding of risk factors and develop evidence-based interventions for diabetes prevention and control.

Keywords: Healthcare Diabetes risk Public health

Introduction

Diabetes mellitus is a prevalent chronic metabolic disorder characterized by elevated blood glucose levels resulting from defects in insulin production, insulin action, or both. It affects millions of people worldwide and poses a significant burden on individuals, families, and healthcare systems. Understanding the risk factors associated with the development of diabetes is crucial for effective prevention, early detection, and management of the disease [1]. The prevalence of diabetes has been steadily increasing over the past few decades, primarily driven by changes in lifestyle and an aging population. While genetic factors play a role in determining an individual's susceptibility to diabetes, it is now widely recognized that environmental and behavioral factors also significantly contribute to the risk of developing the disease. Non-modifiable risk factors for diabetes include age, ethnicity, and family history. Advancing age is associated with an increased risk of developing type 2 diabetes, with the majority of cases occurring in individuals over the age of 45 [2-6]. Certain ethnic groups, such as African Americans, Hispanics, Native Americans, and Asians, have a higher predisposition to diabetes compared to others. Additionally, having a close family member with diabetes, especially a parent or sibling, increases an individual's risk of developing the disease.

Arya P*

Department of Nutritional, Bhutan

*Author for correspondence: ary@23.com

Received: 05-June -2023, Manuscript No. jdmc-23-101399; Editor assigned: 07-June-2023, PreQC No. jdmc-23-101399 (PQ); Reviewed: 21-June -2023, QC No. jdmc-23-101399; Revised: 23-June -2023, Manuscript No. jdmc-23-101399 (R); Published: 30-June -2023; DOI: 10.37532/ jdmc.2023.6(3).61-66 Modifiable lifestyle factors play a significant role in the development of diabetes. Obesity, particularly excess abdominal adiposity, is strongly associated with insulin resistance and the onset of type 2 diabetes. Sedentary behavior and physical inactivity contribute to weight gain and impair glucose metabolism. Unhealthy dietary habits, such as a high intake of refined carbohydrates, saturated fats, and sugary beverages, increase the risk of developing diabetes. Smoking has also been identified as a modifiable risk factor; as it is associated with insulin resistance and an increased risk of type 2 diabetes.

Furthermore, emerging evidence suggests that certain medical conditions and medications may increase the risk of diabetes. Conditions such as polycystic ovary syndrome (PCOS), gestational diabetes mellitus (GDM), and certain hormonal disorders are associated with a higher likelihood of developing diabetes [7, 8]. Certain medications, such as corticosteroids and antipsychotics, can also induce insulin resistance and contribute to the development of diabetes.

The identification and understanding of these risk factors are critical for diabetes prevention and management strategies. By targeting modifiable risk factors through lifestyle modifications, public health interventions can effectively reduce the incidence of diabetes [9-12]. Promoting healthy eating habits, regular physical activity, weight management, and smoking cessation are key components of diabetes prevention programs.

Diabetes is a complex and multifactorial disease influenced by a combination of genetic, demographic, and lifestyle factors. Understanding the risk factors associated with diabetes enables healthcare professionals, policymakers, and individuals to take proactive steps towards prevention and early intervention [13]. By addressing modifiable risk factors and implementing targeted interventions, the burden of diabetes can be reduced, improving the overall health and well-being of individuals and communities [14,15].

Types of risk factors of diabetes

Non-modifiable risk factors

a. Age: Advancing age is a significant risk factor for the development of type 2 diabetes. The risk increases substantially after the age of 45.

- **b. Genetics:** Family history of diabetes plays a role in an individual's susceptibility to the disease. Having a first-degree relative with diabetes increases the risk.
- c. **Ethnicity:** Certain ethnic groups, including African Americans, Hispanics, Native Americans, Asian Americans, and Pacific Islanders, have a higher risk of developing diabetes compared to other populations.
- d. Gestational diabetes: Women who have a history of gestational diabetes during pregnancy are at an increased risk of developing type 2 diabetes later in life.
- **e. Polycystic ovary syndrome (PCOS):** Women with PCOS are at a higher risk of developing insulin resistance and type 2 diabetes.

Modifiable lifestyle risk factors

- **a. Obesity:** Excess body weight, particularly abdominal obesity, is strongly associated with insulin resistance and an increased risk of type 2 diabetes.
- **b. Sedentary lifestyle:** Lack of physical activity and prolonged sitting time are independent risk factors for the development of diabetes. Regular exercise improves insulin sensitivity and helps maintain a healthy weight.
- **c. Unhealthy diet:** Consumption of a diet high in processed foods, sugar, unhealthy fats, and low in fruits, vegetables, and whole grains increases the risk of developing diabetes.
- **d. Smoking:** Tobacco smoking has been identified as a modifiable risk factor for diabetes. Smokers have a higher risk of developing type 2 diabetes and experiencing complications related to the disease.
- **e. Sleep disturbances:** Short sleep duration, poor sleep quality, and sleep disorders such as obstructive sleep apnea are associated with an increased risk of developing diabetes.

Medical conditions and medications

- **a. Cardiovascular diseases:** Hypertension, dyslipidemia, and coronary artery disease are risk factors for the development of diabetes.
- **b.** Hormonal disorders: Certain hormonal conditions, such as Cushing's syndrome and acromegaly, can increase the risk of diabetes.
- **c. Medications:** Certain medications, including corticosteroids, antipsychotics, and some antiretroviral drugs, are associated with an

Risk Factors of Diabetes Review Article

increased risk of developing diabetes.

It is important to note that these risk factors often interact with each other and can have a cumulative effect on diabetes risk. Additionally, individual susceptibility to diabetes may vary based on the presence of multiple risk factors and their interplay with genetic predisposition. Identifying and understanding these risk factors is essential for implementing effective preventive strategies, lifestyle interventions, and targeted screening programs to reduce the incidence and burden of diabetes.

Results

Numerous studies have investigated the risk factors associated with diabetes, providing valuable insights into the factors that contribute to its development. The following are some key findings from the literature:

Age: Advanced age is consistently identified as a significant risk factor for type 2 diabetes. Studies have shown that the risk of developing diabetes increases with age, particularly after the age of 45.

Genetics: Family history of diabetes is a well-established risk factor for the disease. Individuals with a parent or sibling with diabetes have an increased risk compared to those without a family history. Genetic studies have also identified specific gene variants associated with diabetes susceptibility.

Ethnicity: Ethnicity plays a role in diabetes risk, with certain populations being more prone to the disease. For example, African Americans, Hispanics, Native Americans, Asian Americans, and Pacific Islanders have a higher prevalence and incidence of diabetes compared to Caucasians.

Obesity: Obesity is a significant modifiable risk factor for type 2 diabetes. Multiple studies have demonstrated a strong association between excess body weight, particularly central adiposity (abdominal obesity), and the development of insulin resistance and diabetes.

Sedentary lifestyle: Lack of physical activity and a sedentary lifestyle have been consistently linked to an increased risk of diabetes. Engaging in regular physical activity, including aerobic exercise and resistance training, has been shown to reduce the risk of diabetes and improve insulin sensitivity.

Unhealthy diet: Dietary factors, such as the consumption of high-calorie diets, foods high in saturated fats, added sugars, and low fiber intake, contribute to the risk of diabetes. A diet rich in fruits, vegetables, whole grains, lean proteins, and healthy fats is associated with a lower risk of diabetes.

Smoking: Smoking has been identified as an independent risk factor for diabetes. Smokers have a higher risk of developing type 2 diabetes compared to non-smokers. Quitting smoking has shown to reduce the risk over time.

Medical conditions and medications: Certain medical conditions, including hypertension, dyslipidemia, and cardiovascular disease, increase the risk of diabetes. Additionally, specific medications, such as corticosteroids and antipsychotics, have been associated with an increased risk of diabetes.

Understanding these risk factors is crucial for diabetes prevention efforts and early identification of individuals at higher risk. Public health initiatives should focus on promoting healthy lifestyle behaviors, including weight management, regular physical activity, and a balanced diet. Targeted screening and intervention programs can help identify individuals with modifiable risk factors and implement preventive strategies to reduce the incidence of diabetes and its associated complications.

Discussion

The identification and understanding of risk factors associated with diabetes are essential for developing effective preventive strategies, implementing targeted interventions, and reducing the burden of the disease. The discussion of risk factors provides valuable insights into the complex interplay between various factors and their impact on diabetes development. Here, we will further delve into the implications and significance of these risk factors:

Age: Advanced age is consistently recognized as a significant risk factor for type 2 diabetes. As individuals age, the risk of developing insulin resistance and impaired glucose metabolism increases. This may be attributed to age-related changes in body composition, hormonal regulation, and reduced physical activity levels. The understanding of age as a risk factor highlights the importance

of screening and early detection efforts, particularly in older populations.

Genetics: The role of genetics in diabetes risk has been well-established. Family history of diabetes contributes to an individual's susceptibility, indicating a genetic predisposition to the disease. However, it is important to note that genetics alone do not determine diabetes development. **Environmental** factors and lifestyle choices also play a crucial role in disease manifestation. Genetic studies have identified specific gene variants associated with diabetes risk, providing insights into the molecular mechanisms involved in disease pathogenesis.

Ethnicity: Ethnicity is an important risk factor for diabetes, with certain populations being disproportionately affected. The higher prevalence and incidence of diabetes in specific ethnic groups, such as African Americans, Hispanics, and Asians, suggest the influence of genetic and environmental factors specific to these populations. These findings underscore the need for culturally sensitive healthcare interventions and targeted diabetes prevention programs tailored to the needs of diverse communities.

Obesity: The strong association between obesity and type 2 diabetes is well-established. Excess body weight, particularly abdominal obesity, contributes to the development of insulin resistance and impaired glucose metabolism. Adipose tissue produces inflammatory cytokines and hormones that disrupt insulin signaling pathways. The global rise in obesity rates has fueled the diabetes epidemic, highlighting the urgency of obesity prevention and weight management interventions as crucial components of diabetes prevention strategies.

Sedentary lifestyle: Physical inactivity and sedentary behavior have emerged as independent risk factors for diabetes. Lack of regular exercise and prolonged sitting time contribute to obesity, insulin resistance, and poor glycemic control. Increasing physical activity levels, promoting active living, and incorporating regular exercise into daily routines are vital for reducing the risk of diabetes and improving overall health.

Unhealthy diet: Dietary factors significantly influence diabetes risk. High intake of processed foods, sugar-sweetened beverages,

saturated fats, and low intake of fruits, vegetables, and whole grains contribute to the development of diabetes. These dietary patterns contribute to weight gain, insulin resistance, and inflammation. Promoting healthy eating habits and nutrition education are essential components of diabetes prevention and management.

Smoking: Smoking has emerged as a modifiable risk factor for diabetes. The toxic components of tobacco smoke directly affect insulin sensitivity and glucose metabolism. Smokers have a higher risk of developing type 2 diabetes compared to non-smokers, and quitting smoking can significantly reduce this risk over time. Smoking cessation programs and policies aimed at reducing tobacco use can have a positive impact on diabetes prevention.

Medical conditions and medications: Certain medical conditions, such as hypertension, dyslipidemia, and cardiovascular disease, are associated with an increased risk of diabetes. These conditions often coexist with diabetes and share common risk factors, such as obesity and sedentary lifestyle. Additionally, specific medications, including corticosteroids and antipsychotics, have been shown to contribute to insulin resistance and increase the risk of diabetes. Healthcare providers need to consider these risk factors when prescribing medications and managing comorbidities in individuals with diabetes.

Conclusion

In conclusion, understanding the risk factors associated with diabetes is crucial for effective prevention, early detection, and management of the disease. Several key findings have emerged from the discussion of risk factors:

Age, genetics, and ethnicity are non-modifiable risk factors that contribute to an individual's susceptibility to diabetes. These factors highlight the importance of targeted screening and early detection efforts, particularly in older populations and high-risk ethnic groups.

Modifiable lifestyle risk factors, such as obesity, sedentary behavior, unhealthy diet, and smoking, significantly contribute to the development of diabetes. These risk factors underscore the importance of promoting healthy lifestyle behaviors, including weight management, regular physical activity, and a balanced diet, as well as smoking cessation

programs. Medical conditions and certain medications also increase the risk of diabetes. Healthcare providers need to be aware of these associations and consider them when prescribing medications and managing comorbidities in individuals with diabetes. The cumulative impact of multiple risk factors further emphasizes the need for a comprehensive approach to diabetes prevention and management. Public health initiatives should focus on promoting healthy behaviors, implementing targeted interventions, and providing culturally sensitive healthcare to address the diverse risk factors associated with diabetes. By addressing these risk factors and implementing preventive strategies, it is possible to reduce the incidence and burden of diabetes, improve glycemic control, and enhance the overall health and well-being of individuals at risk for or living with diabetes. Continued research and efforts to identify and address risk factors will contribute to the development of more effective preventive and therapeutic interventions in the fight against diabetes.

References

- Muley A, Fernandez R, Ellwood L et al. Effect of tree nuts on glycaemic outcomes in adults with type 2 diabetes mellitus, a systematic review. JBI Evidence Synthesis. 19, 966-1002 (2021).
- 2. Raina Elley C, Kenealy T. Lifestyle interventions reduced the long-term risk of diabetes in adults with impaired glucose tolerance. *Evidence-Based Medicine*. 13, 173 (2008).
- O'Gorman DJ, Krook A. Exercise and the treatment of diabetes and obesity. *Med Clin N*. 95, 953-969 (2011).
- Schellenberg ES, Dryden DM, Vandermeer B et al. Lifestyle interventions for patients with and at risk for type 2 diabetes, a systematic review and meta-analysis. Ann Intern Med. 159, 543-551 (2013).
- 5. Schwingshackl L, Hoffmann G, Lampousi AM

- *et al.* Food groups and risk of type 2 diabetes mellitus, a systematic review and meta-analysis of prospective studies. *Eur J Epidemiol* 32, 363-375 (2017).
- Reynolds A, Mann J, Cummings J et al. Carbohydrate quality and human health, a series of systematic reviews and meta-analyses. *Lancet*. 393, 434-445 (2019).
- 7. Nathan DM, Kuenen J, Borg R *et al.* Translating the A1C assay into estimated average glucose values. *Diabetes Care.* 31, 1473-1478.
- Sun J, Buys NJ. Glucose- and glycaemic factorlowering effects of probiotics on diabetes, a metaanalysis of randomised placebo-controlled trials. *British Journal of Nutrition*. 115, 1167-1177 (2016).
- Bunn HF, Higgins PJ. Reaction of monosaccharides with proteins, possible evolutionary significance. *Science*, 213, 222-224 (1981).
- Frachetti KJ, Goldfine AB. Bariatric surgery for diabetes management. Curr Opin Endocrinol Diabetes Obes. 16, 119-24 (2009).
- Afkarian M, Zelnick LR, Hall YN et al. Clinical manifestations of kidney disease among US Adults with diabetes. J Am Med Assoc. 316, 602-610 (2016).
- 12. American Diabetes Association. Standards of medical care in diabetes. *Diabetes Care.* 41,152-167 (2005).
- Phramor, Lucy. Validity of claims made in weight management research, a narrative review of dietetic articles. *Nutrition Journal*. 9, 30 (2010).
- 14. Long Zichong, Huang Lili, Lyu Jiajun *et al.* Trends of central obesity and associations with nutrients intake and daily behaviors among women of childbearing age in China. *BMC Women's Health.* 22, 12 (2022).
- 15. Kume S, Araki SI, Ugi S *et al.* Secular changes in clinical manifestations of kidney disease among Japanese adults with type 2 diabetes from 1996 to 2014. *J Diabetes Investig.* 12, 32-34 (2018).

Review Article

Arya.