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	DIABETES; TREATMENT GUIDELINES; NUTRITION AND LIFESTYLE INTERVENTION; PHARMACOLOGICAL TREATMENTS; BARIATRIC SURGERY; ECONOMIC IMPACT OF TYPE 2 DIABETES; FUTURE DIRECTIONS; References; Chapter 3 - Pathogenesis of Type 2 Diabetes- A Comprehensive Analysis; INTRODUCTION; GENETICS OF TYPE 2 DIABETES; MAINTENANCE OF NORMAL GLUCOSE HOMEOSTASIS IMPAIRED GLUCOSE HOMEOSTASIS IN PATIENTS WITH TYPE 2 DIABETESMECHANISTIC ACTIONS WHICH LEAD TO PROGRESSIVE -CELL FAILURE AND TYPE 2 DIABETES; SUMMARY; References; Chapter 4 - Managing the Broad Spectrum of Type 2 Diabetes; INTRODUCTION; EVOLVING PATHOPHYSIOLOGY OF TYPE 2 DIABETES; ALTERING THE PROGRESSION OF TYPE 2 DIABETES; NEED FOR EARLY INTERVENTION; AGGRESSIVE MANAGEMENT AFTER DIAGNOSIS; HOW LOW DO WE GO FOR GLYCEMIC CONTROL?; TREATMENT OPTIONS; SELF-MANAGEMENT EDUCATION; LIFESTYLE MODIFICATION; MEAL PLANNING; PHYSICAL ACTIVITY; PHARMACOLOGICAL TREATMENT; WHEN TO ADJUST TREATMENT INITIATING INSULIN THERAPYINSULIN DELIVERY DEVICES; CONCLUSIONS; References; Chapter 5 - Prediabetes: Prevalence, Pathogenesis, and Recognition of Enhanced Risk; BACKGROUND; PREVALENCE; RESULTS; PATHOGENESIS; RECOGNITION OF ENHANCED RISK; MEANS FOR CARDIOMETABOLIC RISK FACTORS; DISCUSSION; CONCLUSION; References; Chapter 6 - Obesity and Type 2 Diabetes in Youths: New Challenges to Overcome; OBESITY: THE 21ST CENTURY EPIDEMIC; METABOLIC COMPLICATIONS OF OBESITY IN CHILDREN AND ADOLESCENTS; TYPE 2 DIABETES IN OBESE CHILDREN AND ADOLESCENTSROLE OF ECTOPIC FAT DEPOSITION IN THE PATHOGENESIS OF TYPE 2 DIABETES IN OBESE CHILDREN AND ADOLESCENTSROLE OF ECTOPIC FAT DEPOSITION IN THE PATHOGENESIS OF INSULIN RESISTANCE; THE -CELL IN THE STORM OF INSULIN RESISTANCE; THERAPY OF TYPE 2 DIABETES IN YOUTHS; CONCLUSIONS AND FUTURE PERSPECTIVES; References; Chapter 7 - Diabetes Pathophysiology: A NUTRITIONS; GLUCOSE CONTROL; LOW- CARBOHYDRATE DIETS; CONCLUSIONS; Re
	Diabetes Mellitus: A Nursing Perspective; INTRODUCTION/OVERVIEW NURSING PERSPECTIVE
Sommario/riassunto	Diabetes mellitus affects approximately 20 million people in the US, or nearly 7% of the population. It is expected to increase by 70% within the next 25 years and numerous epidemiologic studies have demonstrated that type 2 diabetes increases the risk of cardiovascular morbidity and mortality. It is estimated to cost over 92 BILLION in health care costs and lost productivity. The increased risk is due to the detrimental vascular effects of prolonged exposure to a hyperglycemic, oxidant rich environment yielding associated cardiovascular risk factors: atherosclerosis, hypertension and clot