Letters in High Energy Physics ISSN: 2632-2714

The Role of Nursing, Pharmacy, Nutrition, and Social Work in the Multidisciplinary Management of Type 2 Diabetes Mellitus: A Narrative Review

Abdulaziz Mohammed Alfageeh¹, Afrah Bashir Ghanem Al-Anzi², ALJUAUD MISHAL SAAD JABR³, Ashwaq Sadun Mohammed Alshammari⁴, GHROoB Ali Gharbi Alshammari⁵, Mona Abdulrahman Saleh Al-Saeed⁶, ALGHAMDI SHRIFAH MOHAMMAD ALI⁷, Jamlah Abdullah Auwad Alshammar⁸, Feryal Mahrous Saleh Alamri⁹, Salwa abdullah faleh albalawi¹⁰, Ashwaq Faiz Alahmari¹¹

- ¹ Senior Specialist in Social Service, Jazan Health Cluster, Jazan Region, Kingdom of Saudi Arabia.
- ² Social Worker, Women, Maternity and Children's Hospital, Arar, Northern Borders Region, Kingdom of Saudi Arabia.
 - ³ Specialist in Social Work, Taif Health Cluster, Taif Makkah Region, Kingdom of Saudi Arabia.
- ⁴ Specialist in Nursing, Primary Care and Population Health Management, Hail Health Cluster, Hail, Hail Region, Kingdom of Saudi Arabia.
- ⁵ Specialist in Nursing, Domat Al-Jandal Hospital, Al-Jouf, Domat Al-Jandal, Al-Jouf Region, Kingdom of Saudi Arabia.
- ⁶ Technician in Nursing, Al-Badaya Al-Olyia Primary Health Care Center, Al Qassim, Al Qassim Region, Kingdom of Saudi Arabia.
- ⁷ Technician in Nursing, Armed Forces Hospital Southern Region, Khamis Mushait, Asir Region, Kingdom of Saudi Arabia.
- ⁸ Technician in Nursing, Aja Hospital for Long-Term Care and Medical Rehabilitation, Hail, Hail Region, Kingdom of Saudi Arabia.
- ⁹ Technician in Nursing, Madinah Health Cluster, Madinah, Madinah Region, Kingdom of Saudi Arabia.
 ¹⁰ Pharmacist, Alwajh Hospital, Alwajh, Tabuk Region, Kingdom of Saudi Arabia.
- ¹¹ Dietitian in Clinical Nutrition, Ministry of Health, Riyadh, Riyadh Region, Kingdom of Saudi Arabia. **Abstract:**

The management of Type 2 Diabetes Mellitus (T2DM) requires a collaborative approach that integrates the expertise of various healthcare professionals, including nursing, pharmacy, nutrition, and social work. Nurses play a pivotal role in patient education, monitoring blood glucose levels, and providing ongoing support for lifestyle modifications. Their ability to build rapport with patients allows for effective communication of treatment plans and adherence strategies. Pharmacists contribute by managing medication regimens, educating patients about their prescriptions, and ensuring the safe use of antidiabetic medications. They also play a crucial role in identifying potential drug interactions and side effects, thereby optimizing pharmacotherapy for better glycemic control. Nutritionists and dietitians are essential in developing personalized dietary plans that align with patients' health goals, helping them to make sustainable changes that can improve their overall well-being and glycemic control. They educate patients about carbohydrate counting, meal timing, and healthy food choices, which are critical for managing T2DM. Social workers address the psychosocial aspects of diabetes management, offering counseling and resources to help patients cope with the emotional burdens of chronic disease. They also assist in navigating social determinants of health, ensuring that patients have access to necessary support systems. Together, these disciplines create a comprehensive care plan that addresses the multifaceted nature of T2DM, promoting better health outcomes and enhancing the quality of life for patients.

Keywords: Type 2 Diabetes Mellitus, multidisciplinary management, nursing, pharmacy

Introduction:

Type 2 Diabetes Mellitus (T2DM) stands as one of the most pressing public health challenges of the 21st century, affecting millions of individuals worldwide. This chronic metabolic disorder is characterized by insulin resistance and relative insulin deficiency, leading to hyperglycemia and a plethora of associated complications. The growing prevalence of T2DM, driven largely by factors such as obesity, sedentary lifestyles, and aging populations, underscores the need for comprehensive management strategies. As we seek to optimize outcomes for individuals living with T2DM, it becomes increasingly clear that a multidisciplinary approach is essential [1]. This approach involves the collaboration of various professionals—including healthcare pharmacists, nutritionists, and social workers—who together provide a holistic framework for patient care. Each discipline contributes unique expertise and perspectives, ultimately enriching the management of T2DM by addressing its multifaceted nature [2].

Nurses play a pivotal role in the ongoing assessment, education, and support of patients diagnosed with T2DM. They act as frontline caregivers, conducting routine evaluations and monitoring patients' physical and emotional health. By serving as educators, nurses empower patients with knowledge about diabetes self-management, promoting skills such as blood glucose monitoring, medication adherence, and lifestyle modifications. Their frequent interactions with patients also position them as vital advocates, identifying barriers to effective diabetes management and fostering communication between patients and the wider healthcare team [3].

Pharmacists, on the other hand, bring crucial expertise in medication management and optimization. With a deep understanding of pharmacotherapy, pharmacists provide critical insight into potential drug interactions, side effects, and the overall therapeutic regimen required for effective diabetes control. They also play a key role in medication reconciliation, ensuring that patients receive appropriate treatments tailored to their specific needs. Furthermore, pharmacists often engage in patient education about new medications and assist in formulating strategies to enhance adherence, ultimately contributing to better clinical outcomes [4].

Nutritionists, or registered dietitians, are indispensable in the management of T2DM, given the profound influence of dietary habits on blood glucose levels and overall health. Their role encompasses the

development of personalized nutritional plans that consider individual preferences, cultural backgrounds, and medical requirements. By educating patients on carbohydrate counting, meal timing, and the importance of balanced nutrition, dietitians advocate for dietary changes that not only help manage blood sugar levels but also promote weight management and reduce the risk of complications associated with diabetes [5].

Social workers, while perhaps less visibly connected to the clinical aspects of T2DM, provide critical support in addressing the systemic and psychosocial factors that impact health outcomes. Diabetes management often extends beyond medical interventions; social workers help navigate the complexities of healthcare systems, assist with access to resources, and address social determinants of health such as economic instability, housing insecurity, and mental health challenges. By fostering a supportive environment, social workers empower patients to confront barriers to care, ultimately enhancing their ability to manage their condition effectively [6].

Role of Nursing in Diabetes Management:

Patient education is fundamental in diabetes management as it equips individuals with the knowledge necessary to make informed health decisions. Nurses act as educators who guide patients in understanding their condition, the importance of glycemic control, and the implications of uncontrolled diabetes. Effective patient education encompasses multiple aspects, including understanding the pathophysiology of diabetes, recognizing symptoms of hyperglycemia and hypoglycemia, and learning how to manage blood glucose levels [7].

One of the primary roles of nursing in education involves teaching patients about their medication regimen. This includes explanations of different types of insulin and oral hypoglycemic agents, how and when to administer insulin, and the importance of adherence to prescribed medications. Nurses also educate patients about the role of diet and exercise in managing diabetes, highlighting the need for balanced nutrition and regular physical activity to maintain optimal blood sugar levels. Tailored educational sessions, which may involve practical demonstrations, are crucial for ensuring that patients can apply their knowledge in real-life situations [8].

Letters in High Energy Physics ISSN: 2632-2714

Moreover, educational strategies should encompass the emotional and psychological aspects of living with diabetes. Nurses need to address the potential challenges and mental health concerns that may arise as patients navigate their condition. By fostering open communication and providing resources for psychological support, nurses can help mitigate feelings of anxiety or depression commonly seen in those living with chronic illness [4].

Monitoring is a crucial aspect of diabetes management that plays a vital role in ensuring effective treatment outcomes. Nurses oversee regular assessments of blood glucose levels, often collaborating with patients to ensure proper use of devices such as glucometers. Education from nurses regarding self-monitoring techniques is instrumental in empowering patients to take control of their health. Education extends to recognizing when to check blood glucose levels, understanding the significance of target ranges, and learning how to interpret results [9].

Additionally, nurses play a role in continuous glucose monitoring (CGM), a technology that provides real-time blood glucose data. During patient interactions, nurses can teach patients how to properly utilize CGM devices, interpret data, and adjust their diets or medication based on this information. This proactive approach contributes to the prevention of severe hypoglycemic or hyperglycemic episodes [3].

Monitoring also involves the assessment of other physical health metrics, such as blood pressure and cholesterol levels, as individuals with diabetes are at increased risk for cardiovascular complications. Nurses are responsible for educating patients on the significance of maintaining these parameters within normal ranges, facilitating regular check-ups, and advocating for necessary interventions based on these assessments [7].

Support strategies are essential for fostering an environment where patients can effectively manage their diabetes. Nurses facilitate a holistic approach that addresses not only the physiological aspects of diabetes management but also the social, psychological, and economic factors that can influence health outcomes [1].

One of the key supportive roles of nursing is facilitating interdisciplinary collaboration. Diabetes management requires involvement from various members of the healthcare team, including physicians, dietitians, pharmacists, and mental health

professionals. Nurses serve as a bridge between these disciplines, helping coordinate care plans and ensuring patients receive comprehensive care that addresses their varied needs [10].

Moreover, nurses can establish support groups or encourage participation in diabetes education programs. Engaging with peers who share similar experiences allows patients to exchange advice, share challenges, and celebrate successes in diabetes management. The emotional support received in communal settings may also promote adherence and a sense of belonging, thereby reducing feelings of isolation that many face when managing a chronic condition [11].

Additionally, nurses can play an advocacy role by helping patients navigate healthcare systems and resources. They can provide information about access to diabetes supplies, educational resources, and financial assistance programs. By empowering patients to navigate these systemic challenges, nurses contribute to enhancing their overall quality of life [3].

Pharmacological Interventions and Pharmacy Contributions in Diabetes Management

The management of diabetes often necessitates pharmacological interventions that aim to regulate blood glucose levels effectively and mitigate the risk of complications. The primary classes of medications include:

- 1. **Insulin**: Essential for patients with Type 1 diabetes and often pivotal for those with advanced Type 2 diabetes, insulin is necessary to facilitate glucose uptake by cells. Different formulations—rapid-acting, short-acting, intermediate-acting, and longacting insulin—allow healthcare providers to create customized insulin regimens tailored to individual patient needs [12].
- 2. **Oral Hypoglycemics**: For individuals with Type 2 diabetes, various classes of oral medications are available to improve glycemic control:
 - Sulfonylureas stimulate insulin release from pancreatic beta cells and are among the most commonly prescribed.
 - o **Biguanides** (e.g., Metformin) enhance insulin sensitivity and

- reduce hepatic glucose output, serving as a first-line treatment.
- o DPP-4 inhibitors and GLP-1 receptor agonists increase incretin levels, promoting insulin secretion and inhibition of glucagon release, leading to lower blood glucose levels while also supporting weight management [13].
- 3. **SGLT2 Inhibitors**: These medications help prevent glucose reabsorption in the kidneys, promoting urinary glucose excretion and lowering blood glucose levels. Importantly, they also have cardiovascular and renal protective effects, making them a popular choice in recent diabetes management guidelines [14].
- 4. **Combination Therapies**: Sometimes, a single class of medication may not achieve the desired glycemic control; consequently, combination therapies may involve multiple medications from different classes to produce a synergistic effect.

While pharmacological interventions are paramount in managing diabetes, the role of pharmacy professionals extends far beyond mere dispensing. Pharmacists contribute significantly to the overall health management of diabetic patients in several critical aspects [15]:

- 1. Medication Management: Pharmacists ensure that patients adhere to their medication regimens by consulting on proper medication usage, potential side effects, and the importance of adherence in achieving glycemic targets. They can provide tailored education on various insulin delivery systems, oral hypoglycemic agents, and lifestyle modifications, ensuring that patients feel empowered and informed [16].
- 2. Therapeutic Monitoring: Pharmacists can actively participate in monitoring the effectiveness and safety of diabetes medications. This includes assessing blood glucose levels, identifying hypoglycemia or hyperglycemia, and tracking the occurrence of adverse drug reactions. They can adjust dosages or switch medications based on individual patient responses and counseled

- protocols, often in collaboration with physicians [17].
- 3. Preventing Drug Interactions: Patients with diabetes often have comorbid conditions, leading them to take multiple medications, which raises the risk of drug interactions. Pharmacists are trained to review medication profiles to detect potential drug-drug and drug-food interactions, ensuring that patients' medications do not adversely affect their glucose management or overall health [18].
- 4. Patient Counseling: One of the core contributions of pharmacy professionals is patient counseling. By providing medication therapy management (MTM), pharmacists can address specific concerns of diabetic patients, such as understanding the role of diet, exercise, and routine blood sugar monitoring in conjunction with their pharmacotherapy. This holistic approach fosters better health outcomes and enhances the quality of care [19].
- 5. Chronic Disease Management Programs:
 Many pharmacists participate in chronic disease management programs focusing on diabetes. These programs encompass routine assessments, developing care plans, and offering follow-up support. Engaging in these initiatives helps reinforce the importance of self-management and improves patient adherence to evidence-based guidelines [12].
- 6. Community Outreach and Education: Beyond their role in clinical settings, pharmacists can engage with the community through outreach programs promoting education about diabetes prevention and management. They can organize screening initiatives, health fairs, and workshops to inform the public about diabetes risk factors and the significance of early intervention [20].
- 7. Research and Development: Furthermore, pharmacy professionals play a pivotal role in advancing diabetes treatment through research and development. By participating in clinical trials and conducting studies to assess the efficacy and safety of new medications, pharmacists contribute to the

342

ever-evolving landscape of diabetes management [11].

With the increased reliance on pharmacological interventions comes the responsibility of ensuring treatment safety. Here, pharmacists are critical gatekeepers, as they not only dispense medication but also monitor for potential adverse effects and interactions. By leveraging their training and expertise, they ensure that diabetes medications are used appropriately and effectively [21].

The importance of continuous education and training cannot be understated; the field of diabetes management is continually evolving with new treatments and guidelines. Therefore, pharmacists must stay abreast of advancements in diabetes care and integrate this knowledge into daily practice to provide patients with the best outcomes [21].

Nutritional Interventions in Diabetes Management

Nutrition serves as a foundational element in the management of diabetes. The macronutrient composition of a person's diet, including carbohydrates, proteins, and fats, has a direct impact on blood glucose levels. Carbohydrates, especially, are known to influence glycemic responses, making it essential for individuals with diabetes to monitor their carbohydrate intake. This includes understanding the glycemic index (GI) of foods, which ranks carbohydrates based on their effect on blood glucose levels. Low GI foods, which lead to a slower and more gradual increase in blood sugar, are often preferred for maintaining better glycemic control [22].

Understanding the role of fiber in carbohydrate absorption further exemplifies the importance of nutrition in diabetes management. High-fiber foods, such as whole grains, legumes, fruits, and vegetables, contribute to improved glycemic control by slowing down digestion and reducing the rate at which glucose enters the bloodstream. Moreover, diets rich in fiber can enhance satiety, which is beneficial for weight management—an important aspect since obesity and overweight are significant risk factors associated with type 2 diabetes [23].

Nutritional assessment is a multifaceted evaluation process that involves gathering and analyzing information about an individual's dietary habits, nutrient intake, and overall nutritional status. This process is critical for developing an effective diabetes management plan tailored to individual needs and preferences [12].

Components of Nutritional Assessment

- 1. **Dietary History**: This involves a thorough evaluation of an individual's eating patterns, food preferences, and nutritional beliefs. A 24-hour dietary recall or a food frequency questionnaire can provide insights into the types and quantities of foods consumed, allowing healthcare professionals to identify areas needing improvement. [24]
- 2. Anthropometric Measurements: Measurements of height, weight, body mass index (BMI), and waist circumference can indicate nutritional status and obesity levels. These metrics help assess the risk of complications associated with diabetes, such as cardiovascular diseases [23].
- 3. **Biochemical Assessments**: Blood tests can provide valuable information about glycemic control (e.g., HbA1c levels), lipid profiles, and micronutrient status. For instance, deficiencies in certain vitamins and minerals can be common in individuals with diabetes; thus, biochemical assessments can guide supplementation needs. [25]
- 4. Clinical Evaluation: A thorough clinical assessment can reveal complications stemming from diabetes, such as neuropathy or nephropathy, which may require specific dietary adjustments. For instance, individuals with nephropathy may need to limit certain nutrients like potassium and phosphorus [5].
- 5. Social and Economic Factors:
 Understanding the social circumstances and economic factors impacting an individual's ability to access healthy food options is also crucial. This includes assessing food security, cultural influences on diet, and the availability of resources to make healthy food choices [25].

Once a comprehensive nutritional assessment is conducted, dietary interventions can be designed to improve glycemic control and overall health outcomes. Such interventions should be personalized,

incorporating individual preferences, lifestyle, and medical needs. [12]

1. Carbohydrate Management

Carbohydrate counting and understanding portion sizes are fundamental strategies in dietary interventions for diabetes management. Personalized carbohydrate intake plans can help individuals better manage their blood sugar levels. The use of continuous glucose monitoring (CGM) devices has also emerged as a pivotal tool, allowing individuals to observe how different foods affect their glucose levels in real-time [26].

2. Meal Planning

Structured meal plans can aid in achieving dietary goals. This may involve tailoring meal timing, frequency, and composition, including balanced proportions of carbohydrates, proteins, and fats. For instance, incorporating lean proteins and healthy fats into meals can facilitate better glycemic control and improve satiation [26].

3. Emphasizing Whole Foods

Encouraging the consumption of whole, minimally processed foods is vital. A diet abundant in vegetables, fruits, whole grains, and lean protein sources can help mitigate the risk of diabetes-related complications and improve overall health outcomes. Studies suggest that plant-based diets are particularly beneficial for individuals with diabetes due to their high fiber content and low saturated fats [27].

4. Monitoring and Accountability

Regular follow-ups with a registered dietitian or healthcare provider can ensure that dietary interventions remain effective. Technology, such as mobile applications for tracking food intake and glucose levels, can foster accountability and support behavioral changes [27].

5. Education and Skill Building

Building nutritional knowledge and cooking skills is an essential component of dietary interventions. Individuals with diabetes must be equipped with the ability to make informed food choices and prepare healthy meals. Educational programs that include cooking classes, grocery store tours, and reading food labels can significantly impact dietary behaviors [28].

The Psychological Impact of Diabetes

Living with diabetes often imposes severe psychological and emotional burdens on individuals. Patients may experience anxiety, depression, and stress due to the demands of managing a chronic illness, including monitoring blood glucose levels, adhering to dietary restrictions, and coping with the fear of complications. These emotional responses can significantly impact adherence to treatment regimens, increase the likelihood of complications, and lead to a diminished quality of life. Research indicates that individuals with diabetes have higher rates of psychological distress compared to those without chronic illnesses. Moreover, studies have shown that psychological factors, including depression and anxiety, correlate with poorer self-management behaviors and worse glycemic control. [29]

The chronicity of diabetes places additional stress on individuals, often leading to feelings of hopelessness and isolation. The constant need for vigilance and self-management can lead patients to feel overwhelmed, making them less apt to follow their treatment plans. Therefore, a multidimensional approach incorporating psychosocial support is essential in effectively managing diabetes [30].

Social workers play a crucial role in bridging the gap between medical care and psychosocial support. Their training equips them with skills to address not only the social determinants of health but also the psychological aspects of chronic disease management. Social workers provide emotional support, empowering patients to navigate the complexities of diabetes management. The interventions may include counseling, supportive psychotherapy, group therapy, and assistance in fostering social connections [31].

1. Counseling and Mental Health Support: Social workers can offer one-on-one counseling services to help patients cope with the emotional aspects of diabetes management. They can assist individuals in exploring their feelings about their diagnosis, addressing feelings of anxiety and depression, and developing coping strategies to manage stress effectively. Additionally, they may employ cognitive-behavioral

Letters in High Energy Physics ISSN: 2632-2714

therapy techniques to help patients challenge negative thought patterns that can inhibit effective diabetes management [32].

2. Education and Skill-Building: Education is a vital component of diabetes care. Social workers can facilitate workshops and support groups aimed at improving health literacy, helping patients understand the disease, and teaching them effective self-management skills. These sessions can cover topics such as nutrition education, the importance of physical activity, and how to monitor blood sugar effectively. By fostering a supportive environment, social workers can encourage patients to share experiences and strategies, reinforcing a sense of community [32].

Social workers are advocates for addressing social determinants of health, which can significantly impact diabetes management. These determinants include factors such as socioeconomic status, access to healthcare, and community resources. By assessing the social and economic factors affecting their clients, social workers can help individuals navigate financial barriers to medication,

assist in securing necessary healthcare

services, and connect them with community

resources for food security and transportation

Addressing Social Determinants of Health:

4. Family Support and Involvement: Diabetes management often requires family involvement. Social workers can facilitate family counseling sessions, educating family members on diabetes and encouraging their active participation in the patient's care plan. By fostering open communication within families, social workers can help create a supportive environment that encourages adherence to treatment and promotes emotional wellbeing [33].

The integration of psychosocial support into diabetes management highlights the necessity of a holistic approach to chronic disease care. This approach not only targets the physiological aspects of diabetes but also acknowledges the emotional and social challenges faced by patients. By addressing these multifaceted dimensions, healthcare providers can foster improved health outcomes and enhanced quality of life for individuals with diabetes [34].

Research indicates that patients who receive psychosocial support demonstrate better glycemic control, improved self-management behaviors, and higher overall satisfaction with their diabetes care. Moreover, introducing psychosocial support has been associated with a reduction in healthcare costs due to decreased hospitalizations and complications stemming from unmanaged diabetes [35].

Implementing psychosocial support into diabetes management often necessitates collaboration among healthcare providers. A team-based approach, comprising physicians, nurses, dieticians, and social workers, can produce more comprehensive care plans tailored to individual patient needs. The collaboration allows for shared insights, leading to more informed decision-making and ensuring that all aspects of a patient's well-being are considered [35].

Effective communication and coordination among healthcare providers are fundamental to this collaborative care model. Regular meetings to review patients' progress, assess psychosocial needs, and adjust treatment plans accordingly can foster a cohesive approach that prioritizes holistic patient care [36].

Conclusion:

The integration of nursing, pharmacy, nutrition, and social work in a multidisciplinary framework is essential for addressing the multifactorial nature of T2DM. Each discipline plays a distinct yet interconnected role, and together they form a comprehensive support system that addresses biological, psychological, and social dimensions of health. This essay will explore the specific functions and contributions of each discipline in the multidisciplinary management of T2DM, highlighting the importance of collaborative care in enhancing patient outcomes, improving quality of life, and reducing complications associated with the disease. Through a deeper understanding of how these professions intersect and complement one another, we can appreciate the necessity of a unified approach in tackling the complexities of Type 2 Diabetes Mellitus.

References:

 Liese AD, D'Agostino RB, Jr, Hamman RF, et al. The burden of diabetes mellitus among US youth: prevalence estimates from the SEARCH for Diabetes in Youth Study.

- Pediatrics. 2006;118(4):1510–1518. doi: 10.1542/peds.2006-0690.
- Dabelea D, Bell RA, D'Agostino RB, Jr, et al. Incidence of diabetes in youth in the United States. JAMA. 2007;297(24):2716– 2724. doi: 10.1001/jama.297.24.2716.
- 3. Urakami T, Morimoto S, Nitadori Y, Harada K, Owada M, Kitagawa T. Urine glucose screening program at schools in Japan to detect children with diabetes and its outcomeincidence and clinical characteristics of childhood type 2 diabetes in Japan. Pediatr Res. 2007;61(2):141–145. doi: 10.1203/pdr.0b013e31802d8a69.
- 4. American Diabetes Association Type 2 diabetes in children and adolescents. Pediatrics. 2000;105(3 Pt 1):671–680. doi: 10.1542/peds.105.3.671.
- Tfayli H, Bacha F, Gungor N, Arslanian S. Phenotypic type 2 diabetes in obese youth: insulin sensitivity and secretion in islet cell antibody-negative versus -positive patients. Diabetes. 2009;58(3):738–744. doi: 10.2337/db08-1372.
- Rosenbloom AL, Joe JR, Young RS, Winter WE. Emerging epidemic of type 2 diabetes in youth. Diabetes Care. 1999;22(2):345–354. doi: 10.2337/diacare.22.2.345.
- Wei JN, Sung FC, Lin CC, Lin RS, Chiang CC, Chuang LM. National surveillance for type 2 diabetes mellitus in Taiwanese children. JAMA. 2003;290(10):1345–1350. doi: 10.1001/jama.290.10.1345.
- Zeitler P. Update on nonautoimmune diabetes in children. J Clin Endocrinol Metab. 2009;94(7):2215–2220. doi: 10.1210/jc.2009-0493.
- 9. Fagot-Campagna A, Pettitt DJ, Engelgau MM, et al. Type 2 diabetes among North American children and adolescents: an epidemiologic review and a public health perspective. J Pediatr. 2000;136(5):664–672. doi: 10.1067/mpd.2000.105141.
- 10. Dabelea D, Hanson RL, Bennett PH, Roumain J, Knowler WC, Pettitt DJ.

- Increasing prevalence of Type II diabetes in American Indian children. Diabetologia. 1998;41(8):904–910. doi: 10.1007/s001250051006.
- 11. American Diabetes Association Diagnosis and classification of diabetes mellitus. Diabetes Care. 2008;31(Suppl 1):S55–S60. doi: 10.2337/dc08-S055.
- 12. Alberti G, Zimmet P, Shaw J, Bloomgarden Z, Kaufman F, Silink M. Type 2 diabetes in the young: the evolving epidemic the international diabetes federation consensus workshop. Diabetes Care. 2004;27(7):1798–1811. doi: 10.2337/diacare.27.7.1798.
- 13. Pinhas-Hamiel O, Zeitler P. The global spread of type 2 diabetes mellitus in children and adolescents. J Pediatr. 2005;146(5):693–700. doi: 10.1016/j.jpeds.2004.12.042.
- 14. Reinehr T, Schober E, Wiegand S, Thon A, Holl R. Beta-cell autoantibodies in children with type 2 diabetes mellitus: subgroup or misclassification? Arch Dis Child. 2006;91(6):473–477. doi: 10.1136/adc.2005.088229.
- Wang J, Miao D, Babu S, et al. Prevalence of autoantibody-negative diabetes is not rare at all ages and increases with older age and obesity. J Clin Endocrinol Metab. 2007;92(1):88–92. doi: 10.1210/jc.2006-1494.
- Craig ME, Femia G, Broyda V, Lloyd M, Howard NJ. Type 2 diabetes in indigenous and non-indigenous children and adolescents in New South Wales. Med J Aust. 2007;186(10):497–499. doi: 10.5694/j.1326-5377.2007.tb01021.x.
- 17. Hathout EH, Thomas W, El-Shahawy M, Nahab F, Mace JW. Diabetic autoimmune markers in children and adolescents with type 2 diabetes. Pediatrics. 2001;107(6):E102. doi: 10.1542/peds.107.6.e102.
- 18. American Diabetes Association Type 2 diabetes in children and adolescents. Diabetes Care. 2000;23(3):381–389. doi: 10.2337/diacare.23.3.381.

346

- Hannon TS, Rao G, Arslanian SA. Childhood obesity and type 2 diabetes mellitus. Pediatrics. 2005;116(2):473–480. doi: 10.1542/peds.2004-2536.
- 20. Goran MI, Davis J, Kelly L, et al. Low prevalence of pediatric type 2 diabetes: where's the epidemic? J Pediatr. 2008;152(6):753–755. doi: 10.1016/j.jpeds.2008.02.004.
- 21. Dean HJ, Young TK, Flett B, Wood-Steiman P. Screening for type-2 diabetes in aboriginal children in northern Canada. Lancet. 1998;352(9139):1523–1524. doi: 10.1016/S0140-6736(05)60329-7.
- 22. American Diabetes Association Screening for type 2 diabetes. Diabetes Care. 2004;27(Suppl 1):S11–S14. doi: 10.2337/diacare.27.2007.s11.
- 23. Matyka KA. Type 2 diabetes in childhood: epidemiological and clinical aspects. Br Med Bull. 2008;86:59–75. doi: 10.1093/bmb/ldn018.
- 24. Pettitt DJ, Nelson RG, Saad MF, Bennett PH, Knowler WC. Diabetes and obesity in the offspring of Pima Indian women with diabetes during pregnancy. Diabetes Care. 1993;16(1):310–314. doi: 10.2337/diacare.16.1.310.
- Philps DI. Birth weight and the future development of diabetes. A review of the evidence. Diabetes Care. 1998;21(Suppl 2):B15–B155.
- 26. Ehtisham S, Kirk J, McEvilly A, et al. Prevalence of type 2 diabetes in children in Birmingham. BMJ. 2001;322(7299):1428.
- 27. Rodbard HW. Diabetes screening, diagnosis, and therapy in pediatric patients with type 2 diabetes. Medscape J Med. 2008;10(8):184. quiz 184.
- 28. Jiang X, Srinivasan SR, Radhakrishnamurthy B, Dalferes ER, Berenson GS. Racial (blackwhite) differences in insulin secretion and clearance in adolescents: the Bogalusa heart study. Pediatrics. 1996;97(3):357–360.

- 29. International Expert Committee International Expert Committee report on the role of the A1C assay in the diagnosis of diabetes. Diabetes Care. 2009;32(7):1327–1334. doi: 10.2337/dc09-9033.
- 30. Kaufman FR. Type 2 diabetes in children and youth. Endocrinol Metab Clin North Am. 2005;34(3):659–676. ix–x. doi: 10.1016/j.ecl.2005.04.010.
- 31. Pinhas-Hamiel O, Standiford D, Hamiel D, Dolan LM, Cohen R, Zeitler PS. The type 2 family: a setting for development and treatment of adolescent type 2 diabetes mellitus. Arch Pediatr Adolesc Med. 1999;153(10):1063–1067. doi: 10.1001/archpedi.153.10.1063.
- 32. Malik VS, Schulze MB, Hu FB. Intake of sugar-sweetened beverages and weight gain: a systematic review. Am J Clin Nutr. 2006;84(2):274–288. doi: 10.1093/ajcn/84.1.274.
- 33. Schulze MB, Manson JE, Ludwig DS, et al. Sugar-sweetened beverages, weight gain, and incidence of type 2 diabetes in young and middle-aged women. JAMA. 2004;292(8):927–934. doi: 10.1001/jama.292.8.927.
- 34. Bobo N, Evert A, Gallivan J, et al. An update on type 2 diabetes in youth from the National Diabetes Education Program. Pediatrics. 2004;114(1):259–263. doi: 10.1542/peds.114.1.259.
- 35. Kitagawa T, Owada M, Urakami T, Yamauchi K. Increased incidence of non-insulin dependent diabetes mellitus among Japanese schoolchildren correlates with an increased intake of animal protein and fat. Clin Pediatr (Phila) 1998;37(2):111–115. doi: 10.1177/000992289803700208.
- 36. Williams DE, Cadwell BL, Cheng YJ, et al. Prevalence of impaired fasting glucose and its relationship with cardiovascular disease risk factors in US adolescents, 1999–2000. Pediatrics. 2005;116(5):1122–1126. doi: 10.1542/peds.2004-2001.