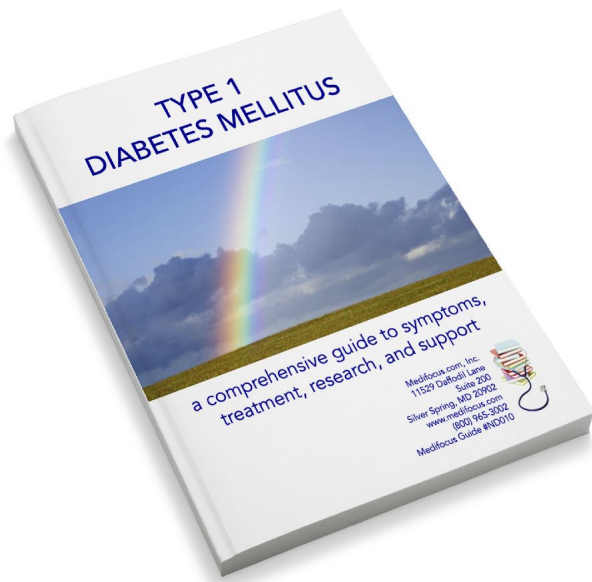


Preview of the Medifocus Guidebook on: Type 1 Diabetes Mellitus

Updated November 3, 2009



This document is only a SHORT PREVIEW of the **Medifocus Guidebook on Type 1 Diabetes Mellitus**. It is intended primarily to give you a general overview of the **format and structure** of the Guidebook as well as select pages from each major Guidebook section listed in the Table of Contents.

To purchase the COMPLETE Medifocus Guidebook on Type 1 Diabetes Mellitus (120 pages; Updated November 3, 2009), please:

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1 - Background Information

Introduction

Chronic or life-threatening illnesses can have a devastating impact on both the patient and the family. In today's new world of medicine, many consumers have come to realize that they are the ones who are primarily responsible for their own health care as well as for the health care of their loved ones.

When facing a chronic or life-threatening illness, you need to become an educated consumer in order to make an informed health care decision. Essentially that means finding out everything about the illness - the treatment options, the doctors, and the hospitals - so that you can become an educated health care consumer and make the tough decisions. In the past, consumers would go to a library and read everything available about a particular illness or medical condition. In today's world, many turn to the Internet for their medical information needs.

The first sites visited are usually the well known health "portals" or disease organizations and support groups which contain a general overview of the condition for the layperson. That's a good start but soon all of the basic information is exhausted and the need for more advanced information still exists. What are the latest "cutting-edge" treatment options? What are the results of the most up-to-date clinical trials? Who are the most notable experts? Where are the top-ranked medical institutions and hospitals?

The best source for authoritative medical information in the United States is the National Library of Medicine's medical database called PubMed®, that indexes citations and abstracts (brief summaries) of over 7 million articles from more than 3,800 medical journals published worldwide. PubMed® was developed for medical professionals and is the primary source utilized by health care providers for keeping up with the latest advances in clinical medicine.

A typical PubMed® search for a specific disease or condition, however, usually retrieves hundreds or even thousands of "hits" of journal article citations. That's an avalanche of information that needs to be evaluated and transformed into truly useful knowledge. What are the most relevant journal articles? Which ones apply to your specific situation? Which articles are considered to be the most authoritative - the ones your physician would rely on in making clinical decisions? This is where *Medifocus.com* provides an effective solution.

Medifocus.com has developed an extensive library of *MediFocus Guidebooks* covering a wide spectrum of chronic and life threatening diseases. Each *MediFocus Guidebook* is a

high quality, up- to-date digest of "professional-level" medical information consisting of the most relevant citations and abstracts of journal articles published in authoritative, trustworthy medical journals. This information represents the latest advances known to modern medicine for the treatment and management of the condition, including published results from clinical trials. Each *Guidebook* also includes a valuable index of leading authors and medical institutions as well as a directory of disease organizations and support groups. *MediFocus Guidebooks* are reviewed, revised and updated every 4-months to ensure that you receive the latest and most up-to-date information about the specific condition.

About Your MediFocus Guidebook

Introduction

Your *MediFocus Guidebook* is a valuable resource that represents a comprehensive synthesis of the most up-to-date, advanced medical information published about the condition in well-respected, trustworthy medical journals. It is the same type of professional-level information used by physicians and other health-care professionals to keep abreast of the latest developments in biomedical research and clinical medicine. The *Guidebook* is intended for patients who have a need for more advanced, in-depth medical information than is generally available to consumers from a variety of other resources. The primary goal of a *MediFocus Guidebook* is to educate patients and their families about their treatment options so that they can make informed health-care decisions and become active participants in the medical decision making process.

The *Guidebook* production process involves a team of professionals with expertise in diverse areas including experienced medical database researchers and practicing physicians who serve as members of the *Medifocus.com* Medical Advisory Board (MAB). This team approach to the development and production of the *MediFocus Guidebooks* is designed to ensure the accuracy, completeness, and clinical relevance of the information. The *Guidebook* is intended to serve as a basis for more meaningful discussions between patients and their health-care providers in a joint effort to seek the most appropriate course of treatment for the disease.

Guidebook Organization and Content

Section 1 - Background Information

This section provides detailed information about the organization and content of the *Guidebook* including tips and suggestions for conducting additional research about the condition.

Section 2 - The Intelligent Patient Overview

This section of your *MediFocus Guidebook* represents a detailed overview of the disease or condition specifically written from the patient's perspective. It is designed to satisfy the basic informational needs of consumers and their families who are confronted with the illness and are facing difficult choices. Important aspects which are addressed in "The Intelligent Patient" section include:

- The etiology or cause of the disease
- Signs and symptoms
- How the condition is diagnosed
- The current standard of care for the disease

- Treatment options
- New developments
- Important questions to ask your health care provider

Section 3 - Guide to the Medical Literature

This is a roadmap to important and up-to-date medical literature published about the condition from authoritative, trustworthy medical journals. This is the same information that is used by physicians and researchers to keep up with the latest developments and breakthroughs in clinical medicine and biomedical research. A broad spectrum of articles is included in each *MediFocus Guidebook* to provide information about standard treatments, treatment options, new clinical developments, and advances in research. To facilitate your review and analysis of this information, the articles are grouped by specific categories. A typical *MediFocus Guidebook* usually contains one or more of the following article groupings:

- *Review Articles*: Articles included in this category are broad in scope and are intended to provide the reader with a detailed overview of the condition including such important aspects as its cause, diagnosis, treatment, and new advances.
- *General Interest Articles*: These articles are broad in scope and contain supplementary information about the condition that may be of interest to select groups of patients.
- *Drug Therapy*: Articles that provide information about the effectiveness of specific drugs or other biological agents for the treatment of the condition.
- *Surgical Therapy*: Articles that provide information about specific surgical treatments for the condition.
- *Clinical Trials*: Articles in this category summarize studies which compare the safety and efficacy of a new, experimental treatment modality to currently available standard treatments for the condition. In many cases, clinical trials represent the latest advances in the field and may be considered as being on the "cutting edge" of medicine. Some of these experimental treatments may have already been incorporated into clinical practice.

The following information is provided for each of the articles referenced in this section of your *MediFocus Guidebook*:

- Article title
- Author Name(s)
- Institution where the study was done

- Journal reference (Volume, page numbers, year of publication)
- Link to Abstract (brief summary of the actual article)

Linking to Abstracts: Most of the medical journal articles referenced in this section of your *MediFocus Guidebook* include an abstract (brief summary of the actual article) that can be accessed online via the National Library of Medicine's PubMed® database. You can easily access the individual abstracts online via PubMed® from the "electronic" format of your *MediFocus Guidebook* by clicking on the corresponding URL address that is provided for each cited article. If you purchased a printed copy of a *MediFocus Guidebook*, you can still access the article abstracts online by entering the individual URL address for a particular article into your web browser.

Section 4 - Centers of Research

We've compiled a unique directory of doctors, researchers, medical centers, and research institutions with specialized research interest, and in many cases, clinical expertise in the management of the specific medical condition. The "Centers of Research" directory is a valuable resource for quickly identifying and locating leading medical authorities and medical institutions within the United States and other countries that are considered to be at the forefront in clinical research and treatment of the condition.

Inclusion of the names of specific doctors, researchers, hospitals, medical centers, or research institutions in this *Guidebook* does not imply endorsement by Medifocus.com, Inc. or any of its affiliates. Consumers are encouraged to conduct additional research to identify health-care professionals, hospitals, and medical institutions with expertise in providing specific medical advice, guidance, and treatment for this condition.

Section 5 - Tips on Finding and Choosing a Doctor

One of the most important decisions confronting patients who have been diagnosed with a serious medical condition is finding and choosing a qualified physician who will deliver high-level, quality medical care in accordance with currently accepted guidelines and standards of care. Finding the "best" doctor to manage your condition, however, can be a frustrating and time-consuming experience unless you know what you are looking for and how to go about finding it. This section of your *Guidebook* offers important tips for how to find physicians as well as suggestions for how to make informed choices about choosing a doctor who is right for you.

Section 6 - Directory of Organizations

This section of your *Guidebook* is a directory of select disease organizations and support groups that are in the business of helping patients and their families by providing access to information, resources, and services. Many of these organizations can answer your questions, enable you to network with other patients, and help you find a doctor in your geographical area who specializes in managing your condition.

2 - The Intelligent Patient Overview

TYPE 1 DIABETES MELLITUS

Introduction to Diabetes

Diabetes is a metabolic disorder associated with defects in insulin secretion, insulin action, or both. Insulin is a hormone produced by the *beta cells* of the islets of Langerhans in the pancreas, and is needed to convert sugar, starches and other food into energy needed for daily life.

When food is digested, carbohydrates are broken down into sugar molecules which are absorbed into the bloodstream. This rise in blood glucose levels triggers the release of insulin. When there is insufficient insulin to convert these sugars into energy for tissues, it creates a starvation state within the body despite the fact that the body is being nourished. When glucose is unavailable, the tissues essentially starve. Meanwhile, the levels of sugar in the blood stream continue to climb, causing a condition called *hyperglycemia*.

Normal secretion of insulin is composed of two phases: "basal" and "postprandial". *Basal insulin secretion* refers to the amount of insulin that is needed between meals. It is composed of small and continuous pulses of insulin around 30 to 35 units per day in an average adult. *Postprandial insulin secretion* is triggered by eating and is composed of a high amplitude pulse, as compared with the basal secretion, leading to a sharp increase and decrease in the insulin level. The amount of postprandial insulin is mainly determined by the type and amount of food ingested.

Long-term complications of diabetes mellitus result from both microvascular (small blood vessel) and macrovascular (large blood vessel) damage in the body. The risk of cardiovascular disease is increased in people with diabetes. Of the more than 200,000 Americans with diabetes who die annually due to diabetes-related complications, most die of coronary heart disease or other cardiovascular conditions. Diabetes is a major cause of blindness, kidney disease, and limb amputation in the United States.

Although the cause of diabetes is not known, both genetics and environmental factors such as obesity and lack of exercise appear to play roles.

Types of Diabetes

Pre-diabetes

Pre-diabetes, also known as *impaired glucose tolerance*, is a condition that occurs when a person's blood glucose levels are higher than normal but not high enough for a diagnosis of diabetes.

Pre-diabetes is diagnosed if a person has:

- A fasting blood glucose level between 100-125 mg/dL (126 mg/dL or higher is considered as diabetes)
- A blood glucose level between 140-199 mg/dL two hours after eating high carbs (200 mg/dL is considered as diabetes)

Pre-diabetes is a transitional period that can vary from weeks to years until a person actually develops diabetes. There are 54 million Americans who have pre-diabetes. Research shows that some long-term damage to the body, especially to the heart and circulatory system, may already be occurring in pre-diabetes. People with pre-diabetes can prevent the development of Type 2 diabetes by making changes in their eating habits and increasing their level of physical activity. Blood glucose levels may even return to the normal range.

Type 1 Diabetes

Type 1 diabetes, formerly called "Insulin-Dependent" or "Juvenile Diabetes", is an autoimmune disorder, which results in the destruction of the insulin-producing beta cells in the pancreas, usually leading to an absolute deficiency of insulin. Currently, it is believed that the susceptibility for type 1 diabetes is inherited and the individual experiences a triggering event that begins a misdirected inflammatory response against the pancreatic islet cells.

One of the hallmarks of type 1 diabetes is a period of recovery after an initial period of acute hyperglycemia; this is referred to as the "honeymoon phase". It may last from several weeks to months and is most commonly seen in children.

It is estimated that 5-10% of Americans who are diagnosed with diabetes have Type 1 diabetes. Up to 800,000 persons are estimated to have Type 1 diabetes, with about 30,000 new cases diagnosed each year in the United States. Although type 1 diabetes usually develops before 30 years of age, it can occur at any age. In fact, one-third of the cases of type 1 diabetes are diagnosed in adulthood, but diagnosis is rare after age 45.

Type 2 Diabetes

Type 2 diabetes was formerly called "Non-Insulin Dependent" or "Adult-Onset" diabetes. In type 2 diabetes, the actions and secretion of insulin are impaired, as opposed to the absolute deficiency of insulin that occurs with type 1 diabetes mellitus. Type 2 diabetes is characterized by two major defects: (1) Insulin resistance, in which variable, sometimes normal amounts of insulin are produced, but abnormalities in liver and muscle cells resist its action. Insulin attaches to the cell receptors but glucose is not able to enter; and (2) impaired beta-cell secretion of insulin.

Insulin resistance is the failure of insulin, at relatively normal concentrations, to exert its normal effects. Insulin resistance in the hepatic and peripheral tissues, particularly skeletal muscle, leads to unrestrained glucose production by the liver and diminished insulin-stimulated glucose uptake and utilization in the tissues. Insulin secretion by the pancreatic beta cells is initially sufficient to compensate for insulin resistance, thereby maintaining normal blood glucose levels.

Hyperinsulinemia (higher than normal levels of insulin in the bloodstream), which accompanies insulin resistance, can maintain sufficiently normal glucose metabolism as long as pancreatic beta cell function remains normal. However, in patients who develop type 2 diabetes, insulin secretion eventually fails, leading to hyperglycemia and clinical diabetes.

Ninety to ninety-five percent of persons with diabetes have Type 2, however, type 2 diabetes is becoming increasingly common in children and adolescents, which is thought to be due to increasing obesity and decreasing levels of activity in these groups. Until recently, immune-mediated type 1 diabetes was the only type of diabetes considered prevalent among children, with only 1-2% of children considered to have type 2 diabetes or other rare forms of diabetes. Recent reports indicate that 8-45% of children with newly diagnosed diabetes have Type 2 diabetes.

Persons with any form of diabetes may require insulin treatment at some stage of their disease. Use of insulin does not, of itself, classify the type of diabetes a person has.

Other types of Diabetes

- Genetic defects of beta cell function (e.g., maturity onset diabetes in youth - MODY)
- Genetic defects in insulin action (e.g., lipotrophic diabetes)
- Diseases of the exocrine pancreas (e.g., cystic fibrosis)
- Endocrinopathies (e.g., Cushing's syndrome)
- Drug- or chemical-induced diabetes (e.g., glucocorticoids)
- Infections (e.g., congenital rubella)
- Uncommon forms of immune-mediated diabetes
- Other genetic syndromes sometimes associated with diabetes (e.g., Prader-Willi syndrome)
- Gestational diabetes mellitus (GDM): diabetes that occurs during pregnancy and affects about 4% of pregnant women.

Statistics for Type 1 Diabetes

- There are 20.8 million children and adults in the United States, or 7% of the population, who have diabetes.
- The number of persons diagnosed with diabetes in the United States is predicted to reach 29 million by the year 2050.
- One in every 400-600 children in the United States has type 1 diabetes.
- In the US, the risk of developing type 1 diabetes is higher than almost all other chronic illnesses of childhood.
- In 1998, the estimated total direct cost for diabetes health care in the United States, including caring for diabetes complications and hospitalizations, was more than \$60 billion.

Long-Term Complications of Diabetes

People with diabetes experience significant illness and even death from a variety of long term effects of elevated blood glucose levels. Diabetics are more than ten times as likely to have cardiovascular disease and are at significantly greater risk for peripheral vascular, ophthalmic, and kidney diseases than those without diabetes. Diabetes is also related to an increased risk of stroke, heart failure, blindness, limb amputations, birth complications, and sexual dysfunction.

Microvascular Complications of Diabetes

Microvascular complications are related to the duration and degree of hyperglycemia, and affect the small blood vessels of the retina in the eye, the kidneys, and the nerves, leading to:

- Diabetic Retinopathy (eye damage) - Diabetes accounts for 12,000 to 24,000 new cases of blindness annually due to damage to the blood vessels in the retina. Persons with diabetes are also at risk for cataracts and glaucoma.
- Diabetic Nephropathy (kidney damage) - The risk for kidney damage increases when coronary artery disease and hypertension are also present. Symptoms include swelling in the feet and ankles, fatigue, and pale skin color due to anemia.
- Diabetic Neuropathy (nerve damage) - This is a common complication that affects 45% of both type 1 and type 2 diabetics. Symptoms include numbness, tingling, weakness, and burning sensations usually starting in the fingers and toes and moving up to the arms and legs. Charcot foot is a condition that causes bone deformity due to repeated trauma to feet that have decreased pain sensation.

Macrovascular Complications of Diabetes

Macrovascular complications affect the large blood vessels of the heart, brain and legs leading to:

- Heart disease
- Heart attack
- Stroke
- Peripheral vascular disease - Impaired circulation in the lower legs is a common cause of ulcerations and infections. Diabetes is responsible for more than half of all the lower limb amputations performed in the U.S. each year.

The **Intelligent Patient Overview** in the complete **Medifocus Guidebook on Type 1 Diabetes Mellitus** also includes the following additional sections:

- **Diagnosis of Diabetes**
- **Treatment Options for Diabetes**
- **Nutritional and Lifestyle Interventions for Diabetes**
- **Living with Diabetes**
- **Questions to Ask Your Doctor about Diabetes**

To Order the Complete **Guidebook on Type 1 Diabetes Mellitus** [Click Here](#)
Or Call 800-965-3002 (USA) or 301-649-9300 (Outside USA)

3 - Guide to the Medical Literature

Introduction

This section of your *MediFocus Guidebook* is a comprehensive bibliography of important recent medical literature published about the condition from authoritative, trustworthy medical journals. This is the same information that is used by physicians and researchers to keep up with the latest advances in clinical medicine and biomedical research. A broad spectrum of articles is included in each *MediFocus Guidebook* to provide information about standard treatments, treatment options, new developments, and advances in research.

To facilitate your review and analysis of this information, the articles in this *MediFocus Guidebook* are grouped in the following categories:

- Review Articles - 40 Articles
- General Interest Articles - 43 Articles
- Clinical Trials Articles - 48 Articles
- Transplantation Articles - 9 Articles
- Insulin Therapy Articles - 18 Articles

The following information is provided for each of the articles referenced in this section of your *MediFocus Guidebook*:

- Title of the article
- Name of the authors
- Institution where the study was done
- Journal reference (Volume, page numbers, year of publication)
- Link to Abstract (brief summary of the actual article)

Linking to Abstracts: Most of the medical journal articles referenced in this section of your *MediFocus Guidebook* include an abstract (brief summary of the actual article) that can be accessed online via the National Library of Medicine's PubMed® database. You can easily access the individual abstracts online via PubMed® from the "electronic" format of your *MediFocus Guidebook* by clicking on the URI that is provided for each cited article. If you purchased a printed copy of the *MediFocus Guidebook*, you can still access the abstracts online by entering the individual URI for a particular abstract into your computer's web browser.

Recent Literature: What Your Doctor Reads

Database: PubMed <September 2007 to November 2009>

Review Articles

1.

Metformin added to insulin therapy for type 1 diabetes mellitus in adolescents.

Authors: Abdelghaffar S; Attia AM
Institution: Pediatrics, Pediatric Endocrinology and Diabetes, Cairo University, 8/1 El-Nasr St. beside Mc Donald's, New Maadi, Cairo, Cairo, New Maadi, Egypt. sh.abdelghaffar@gmail.com
Journal: Cochrane Database Syst Rev. 2009 Jan 21;(1):CD006691.
Abstract Link: <http://www.medifocus.com/abstracts.php?gid=ND010&ID=19160294>

2.

Continuous subcutaneous insulin infusion (CSII) 30 years later: still the best option for insulin therapy.

Authors: Bruttomesso D; Costa S; Baritussio A
Institution: Department of Clinical and Experimental Medicine, Division of Metabolic Diseases, University of Padova, Padova, Italy. daniela.bruttomesso@unipd.it
Journal: Diabetes Metab Res Rev. 2009 Feb;25(2):99-111.
Abstract Link: <http://www.medifocus.com/abstracts.php?gid=ND010&ID=19172576>

3.

Genetics of type 1A diabetes.

Authors: Concannon P; Rich SS; Nepom GT
Institution: Center for Public Health Genomics, University of Virginia, Charlottesville, VA 22908, USA. patcon@virginia.edu
Journal: N Engl J Med. 2009 Apr 16;360(16):1646-54.
Abstract Link: **ABSTRACT NOT AVAILABLE**

The **Guide to the Medical Literature** in the complete **Medifocus Guidebook on Type 1 Diabetes Mellitus** includes the following sections:

- Review Articles - 40 Articles
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4 - Centers of Research

This section of your *MediFocus Guidebook* is a unique directory of doctors, researchers, medical centers, and research institutions with specialized research interest, and in many cases, clinical expertise in the management of this specific medical condition. The *Centers of Research* directory is a valuable resource for quickly identifying and locating leading medical authorities and medical institutions within the United States and other countries that are considered to be at the forefront in clinical research and treatment of this disorder.

Use the *Centers of Research* directory to contact, consult, or network with leading experts in the field and to locate a hospital or medical center that can help you.

The following information is provided in the *Centers of Research* directory:

- **Geographic Location**

- United States: the information is divided by individual states listed in alphabetical order. Not all states may be included.
- Other Countries: information is presented for select countries worldwide listed in alphabetical order. Not all countries may be included.

- **Names of Authors**

- Select names of individual authors (doctors, researchers, or other health-care professionals) with specialized research interest, and in many cases, clinical expertise in the management of this specific medical condition, who have recently published articles in leading medical journals about the condition.
- E-mail addresses for individual authors, if listed on their specific publications, is also provided.

- **Institutional Affiliations**

- Next to each individual author's name is their **institutional affiliation** (hospital, medical center, or research institution) where the study was conducted as listed in their publication(s).
- In many cases, information about the specific **department** within the medical institution where the individual author was located at the time the study was conducted is also provided.

Centers of Research

United States

AL - Alabama

Name of Author

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University of California Cooperative Extension, Sonora, CA, USA.

Department of Molecular and Medical Pharmacology, UCLA School of Medicine, Los Angeles, California, USA.

University of California, Los Angeles School of Medicine, Los Angeles, California, USA. michael slee@pol.net

University of California, Los Angeles School of Medicine, Los Angeles, California, USA. michael slee@pol.net

Department of Surgery, University of California, Irvine Medical Center, Orange, California 92868, USA.

University of California Cooperative Extension, Sonora, CA, USA.

Department of Surgery, University of California, Irvine Medical Center, Orange, California 92868, USA.

Department of Molecular and Medical Pharmacology, UCLA School of Medicine, Los Angeles, California, USA.

The **Centers of Research** in the complete **Medifocus Guidebook on Type 1 Diabetes Mellitus** includes the following sections:

- Centers of Research for relevant states in the United States
- Centers of Research listed for relevant countries outside the United States

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5 - Tips on Finding and Choosing a Doctor

Introduction

One of the most important decisions confronting patients who have been diagnosed with a serious medical condition is finding and choosing a qualified physician who will deliver a high level and quality of medical care in accordance with currently accepted guidelines and standards of care. Finding the "best" doctor to manage your condition, however, can be a frustrating and time-consuming experience unless you know what you are looking for and how to go about finding it.

The process of finding and choosing a physician to manage your specific illness or condition is, in some respects, analogous to the process of making a decision about whether or not to invest in a particular stock or mutual fund. After all, you wouldn't invest your hard earned money in a stock or mutual fund without first doing exhaustive research about the stock or fund's past performance, current financial status, and projected future earnings. More than likely you would spend a considerable amount of time and energy doing your own research and consulting with your stock broker before making an informed decision about investing. The same general principle applies to the process of finding and choosing a physician. Although the process requires a considerable investment in terms of both time and energy, the potential payoff can be well worth it--after all, what can be more important than your health and well-being?

This section of your Guidebook offers important tips for how to find physicians as well as suggestions for how to make informed choices about choosing a doctor who is right for you.

Tips for Finding Physicians

Finding a highly qualified, competent, and compassionate physician to manage your specific illness or condition takes a lot of hard work and energy but is an investment that is well-worth the effort. It is important to keep in mind that you are not looking for just any general physician but rather for a physician who has expertise in the treatment and management of your specific illness or condition. Here are some suggestions for where you can turn to identify and locate physicians who specialize in managing your disorder:

- **Your Doctor** - Your family physician (family medicine or internal medicine specialist) is a good starting point for finding a physician who specializes in your illness. Chances are that your doctor already knows several specialists in your geographic area who specialize in your illness and can recommend several names to you. Your doctor can also provide you with information about their qualifications, training, and hospital affiliations.

The **Tips on Finding and Choosing a Doctor** in the complete **Medifocus Guidebook on Type 1 Diabetes Mellitus** includes additional information that will assist you in locating a highly qualified and competent physician to manage your specific illness.

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6 - Directory of Organizations

American Association of Clinical Endocrinologists

245 Riverside Ave. Suite 200 Jacksonville, FL 32202

904.353.7878

info@aace.com

www.aace.com

American Association of Diabetes Educators

200 W. Madison Street, Suite 800 Chicago, IL 60606

(800) 338-3633

aade@aadenet.org

www.diabeteseducator.org

American Diabetes Association

1701 North Beauregard Street Alexandria, VA 22311

800.342.2383

askada@diabetes.org

www.diabetes.org

American Dietetic Association

120 South Riverside Plaza Suite 2000 Chicago, IL 60606-6995

800.877.1600

knowledge@eatright.org

www.eatright.org

American Podiatric Medical Association

9312 Old Georgetown Road Bethesda, MD 20814

800.366.8227

www.apma.org

Canadian Diabetes Association

National Life Building 1400-522 University Avenue Toronto ON M5G 2R5 Canada

800.226.8464

info@diabetes.ca

www.diabetes.ca

The **Directory of Organizations** in the complete **Medifocus Guidebook on Type 1 Diabetes Mellitus** includes a list of selected disease organizations and support groups that are helping people diagnosed with Type 1 Diabetes Mellitus.

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