**糖尿病人预防低血糖的发生(31)**

糖尿病人发生低血糖是由于曾有进食过少的情况，有过量注射胰岛素或过量服用降血糖药的情况。

中枢神经系统对低血糖最为敏感。低血糖症时脑细胞能量来源减少，很快出现[神经症](http://baike.baidu.com/subview/255459/255459.htm%22%20%5Ct%20%22_blank)状，最初表现为心智、精神活动轻度受损，继之出现大脑皮质受抑制症状，最终累及延髓而致呼吸循环功能改变。若低血糖不能逆转常致死亡。

低血糖除直接影响中枢神经系统功能外，尚引发交感神经兴奋的一系列症状，如心悸、震颤、苍白、出汗等。

糖尿症低血糖的症状表现不一，多数感到无力，难以支持，手抖、出冷汗、心悸、饥饿感以及烦躁不安，[头痛](http://baike.baidu.com/subview/17261/17261.htm%22%20%5Ct%20%22_blank)、头昏、视物模糊，嗜睡，严重时陷入昏迷或[癫痫](http://baike.baidu.com/subview/22451/5071138.htm%22%20%5Ct%20%22_blank)发作。

血糖较正常下限为低，<2.8mmol/L即可诊断低血糖。对于年龄>60岁者，其确认标准可定为<3.0mmol/L。

紧急自救 一旦患者出现低血糖的症状，应立即进食含20-30g糖类的食物或口服糖水，低血糖早期发现及时治疗，一般预后良好。严重者需送医院抢救。

低血糖纠正后要及时调整胰岛素或口服降糖药剂量。祛除诱因，防止低血糖再发。

**Do you know?(31）**

**Prevention of hypoglycemia in diabetes patient**

This happened because the patient had too little to eat, and injection of excessive insulin or glycemic reducing drugs overdose.

The central nervous system is most sensitive to hypoglycemia. Once hypoglycemia occurs, brain cells suffer a loss of their energy source, and soon neurological symptoms manifest. Initially manifesting as mild impairment of mental activities, followed by cortical inhibition, eventually involving the medulla oblongata, causing the respiratory and circulatory functions’ failure. If the hypoglycemia is not corrected at this point then death often occurs.

In addition to the direct effects of low blood sugar on the central nervous system’s function, sympathetic nerve affected and cause a series of symptoms, such as palpitations, tremors, pale skin, sweating and so on.

Diabetes symptoms of hypoglycemia vary. Most diabetics with hypoglycemia feel weak. Tremors, cold sweats, palpitations, hunger and irritability, headache, dizziness, blurred vision, drowsiness can occur. In severe cases, coma or seizures may also occur.

The blood sugar level is <2.8mmol / L to diagnose hypoglycemia. For age> 60 years, its criteria can be defined as <3.0mmol / L.

Once hypoglycemia symptoms appear, the patient should immediately help themselves, eating 20-30g oral syrup. With early detection and timely treatment, the general prognosis is good. In severe cases, sent to hospital.

After correcting hypoglycemia, the patient should promptly adjust the dose of insulin or oral agents. Eliminate the inducing factors to prevent recurrent hypoglycemia.