Clinical-Hormonal Characteristics Of Osteoporosis In Patients With Type 2 Diabetes

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ABSTRACT

This article provides a complete overview of the clinical characteristics of osteoporosis in patients with type 2 diabetes. Today, we see diabetes in many people. We need to make it even easier to treat, prevent, know the level of the disease, and examine it. Diabetes does not develop in the absence of factors affecting the disease, but the inclination is higher. Complications from diabetes are caused by internal organ failure.

Keywords: Hyperglycemia, glucose, testpaloskasi, hypercortitism, insulin, tespaloskasi, glucose pen, atherosclerosis, stenosis, genetic ghettogenics, endocrinology.

During our study, 60 patients with type 2 diabetes were tested, including men (38), women (22), average ages (45-55). The first group – (30) patients with type QD 2 as a control and comparison, but patients with no adjacent arterial hypertension were examined. The second group - (30) as a control and comparison - examined patients with 1-2 levels of arterial hypertension in patients with type 2 of QD. Group 1 patients were diagnosed with weight levels depending on the amount of nahorgi glucose (8.9) and the amount of glycoglobin (7.5). With an increase in blood pressure in Group 2 patients, an increase in KFT was detected and 140/100 correlation of blood pressure was found, and the level increased to 140-150, indicating nephropathy against the background of hyperglycemia. The duration of QD was 1-10 years, and the duration of AG was 1-8 years. Biochemical studies include assessing the rate of filtration of copies in all patients, including total blood, urine, nahorgi glucose content, glycemic profile, glycogenic hemoglobin, cholesterol, creatine, all patients. Biochemical research of blood was conducted in the laboratory of RIEIATMSF named after academician Y.K. Torakulov. It was conducted using laboratory collections from Immunotech, Czech Republic.

The results and their discussion. Groups by age (53.6±10.7) and (55.8±13.1), by duration AG - (5.5±2.4) and (6.7±3.0), by body mass index - (33.8±2.8) and (33.7±1.7) kg/m2. All patients were in hypoglycemic therapy. Non-AGS patients with Type 1-QD 2 took drugs from the SGLT-2 group, and patients with type 2 diabetes with group 2 arterial hypertension took SGLT-2 preparations in conjunction with APF inhibitors. According to our study, after combined therapy with SGLT-2 preparations and APF inhibitors, the rates of biochemical blood testing in patients with arterial hypertension and type 2 diabetes were improved, and we also reduced the number of patients with type QD 2 in the proteinuria phase of nephropathy.

In patients with type 2 of diabetes, osteoporosis helps to understand the relationship between clinical-hormonal properties, diabetes and osteoporosis. Diabetes

is associated with changes related to Type 2, insertion of insulin or errors in insulin intake. These changes are important to increase the risk of osteoporosis.

Clinical-hormonal characteristics of osteoporosis in patients with type 2 diabetes may be as follows:

1. **Insufficient calorie and vitamin D:** Insufficient amounts of calories and vitamin D in people with type 2 diabetes mellitus are usually associated with a lot of changes. This increases the risk of osteoporosis.
2. **Cortisol level:** Cortisol growth can increase in patients with diabetes. Increasing the size of cortisol can lead to osteoporosis.
3. **Changes in insulin and glycosine control:** Lack of insulin or an increase in glycosis levels can lead to osteoporosis.
4. **Tuberculosis anti-molecule antibodies (TLR) activation:** Patients with diabetes increase the need for growth associated with the antibodies (TLR) activation of osteoporosis against the underlying large molecule. This increases the risk of osteoporosis.

These are factors that are important in determining the relationship between osteoporosis and diabetes Type 2 disease. This will help in the knowledge, observation and treatment. If you have questions about which of the osteoporosis or diabetes you have, you better consult a specialist.

Great to help yourself and your loved one. To understand the relationship between type 2 diabetes and osteoporosis, the following information may be useful:

1. **Calico and Vitamin D:** The amount of calories and vitamin D is important for the prevention of osteoporosis. Diabetics should have enough amounts of calories and vitamin D, as diabetes can cause type 2 to see personal calories as not good.
2. **Heart and blood vessel disease and osteoporosis:** The risk of heart and vascular disease in type 2 diabetes patients may be associated with osteoporosis. These changes can change biological processes and lead to large plants.
3. **Diet and activities:** Implementing an effective participation program for diabetics will prevent further osteoporosis. Highly condimented foods, for example, dairy products and green vegetables, offer an additional approach.
4. **Consultations and observations:** Specialty should be consulted to manage diabetes and osteoporosis patients. A diabetes endocrinologist or consultant to osteoporosis will assess your condition and can adapt the program.
5. **Exercises:** Adapted exercises and exercises can prevent osteoporosis and help control glycosis. Egresses and activities that are consistent with your illness and level of activity are recommended.

The information this helps can help you understand the issues that are important in relation to diabetes Type 2 and osteoporosis. It is best to consult a specialist earlier to learn about all your issues and programming.

To understand the relationship between type 2 diabetes and osteoporosis and their interactions, the following information may be useful:

1. **Diabetes Type 2 and Cylinder Metabolism:** High glycose levels associated with Type 2 diabetes can lead to changes in the cliff. This can cause the release of the blood system of the cliff and increase the risk of osteoporosis.
2. **Insulin Resistance and Osteoporosis:** Failure in insulin intake can lead to insulin resistance, increased risk of osteoporosis.
3. **Cortisol and Osteoporosis:** Cortisol levels can increase in most patients with type 2 diabetes. This can lead to osteoporosis, since long-term large cortisol levels accumulate a large layer of outer molecules and a relaxed amount of cliquant.
4. **Physicists and Osteoporosis:** Type 2 diabetes patients are usually afraid to move actively, but in most cases, a body activity can reduce the risk of osteoporosis.
5. **Diet and osteoporosis:** Doing well in the diet and vitamin D can reduce the risk of osteoporosis. In diabetics, sugary foods and highly-containing cliff products can cause mild osteoporosis.
6. **Treatment:** Understanding the relationship between diabetes and osteoporosis management helps to adapt

disease management regimes. Medications may be introduced to control insulin, glucose levels and therapies to prevent osteoporosis.

Further, it is recommended that you consult an endocrinologist or an osteoporosis specialist to learn more about the relationship between diabetes and osteoporosis and treatment processes. These experts will judge your specific situation and recommend the best program.

Diabetes, or diabetes Type 2, is associated with an error in terms of insulin hormone insleaction or the ability to process insulin properly. This is the most common form of the sugary disease. The main sign of diabetes is an increase in sugar levels, which causes the body to grow over sugar levels.

The main symptoms of type 2 diabetes patients are:

1. **Emerging comments:** High sugar levels include cooperation between long-term changes. In addition, complaints of hard eye or abdominal weapons may appear.
2. ** Consequences for the level of sugar consumed by external organs:** External organs, such as abdominal weapons, can prevent half or more of half or more sugar levels in the eye, ear or derma.
3. **Latest sugar tests:** The latest sugar tests can grow at the beginning of the year, for example, as a result of cases of greater sugar levels.
4. **Cow throat in the back:** More diabetic patients can distribute breasts, arms, feet or excessive cow joints.

Diabetes may be associated with the following causes: high glycose-working hormones, insulin-based ovarian that ensures the proper functioning of insulin, or ovarians that ensure that insulin works properly.

In the treatment of diabetes, there are many basic methods associated only with medicinal indications, only variables. Successful results can be achieved in diabetes treatment, changes in medical life styles, changes in food types, changes in movement and sports activities, and government assistance. If you want to learn more about diabetes, it is recommended that you consult a medical professional.

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