

FootHuggers Comfort Socks have been found to help people suffering with: Diabetes

How FootHuggers Comfort Socks help with Diabetes?

1. FootHuggers have no elastic. No tightness around the foot or leg. Helps promote good circulation
2. FootHuggers help wick moisture away. Wicking moisture helps your feet all year long.
3. In the Winter, sweaty feet can become cold feet. Heat leaves your body much faster when you are wet. Socks that help evaporation also helps your feet stay warmer. FootHuggers socks insulate your foot, help you stay warm.
4. In the Summer, sweaty feet can become hot, burning feet. FootHuggers promote evaporation which is a cooling process for the body. On a hot day, wearing FootHuggers can actually feel cooler than bare feet in sandals.
5. FootHuggers socks cushion your feet. Helps with your comfort.
- 6.** FootHuggers are thin enough to wear in all your shoes. Review each style to discover which style best meets your individual needs.

FootHuggers Comfort Socks are available in three styles: Anklet, Crew, and Knee-high Bootsock. Review each style and chose the sock that best meets your individual needs.

All about Diabetes:

Diabetes is a disease in which the body does not produce or properly use insulin. Insulin is a hormone that is needed to convert sugar, starches and other food into energy needed for daily life. The cause of diabetes continues to be a mystery, although both genetics and environmental factors such as obesity and lack of exercise appear to play roles.

There are 20.8 million children and adults in the United States, or 7% of the population, who have diabetes. While an estimated 14.6 million have been diagnosed with diabetes, unfortunately, 6.2 million people (or nearly one-third) are unaware that they have the disease.

In order to determine whether or not a patient has pre-diabetes or diabetes, health care providers conduct a Fasting Plasma Glucose Test (FPG) or an Oral Glucose Tolerance Test (OGTT). Either test can be used to diagnose pre-diabetes or diabetes. The American Diabetes Association recommends the FPG because it is easier, faster, and less expensive to perform.

With the FPG test, a fasting blood glucose level between 100 and 125 mg/dl signals pre-diabetes. A person with a level of 126 mg/dl or higher has diabetes.

In the OGTT test, a person's blood glucose level is measured after a fast and two hours after drinking a glucose-rich beverage. If the two-hour blood glucose level is between 140 and 199 mg/dl, the person tested has pre-diabetes. If the two-hour blood glucose level is at 200 mg/dl or higher, the person tested has diabetes.

Major Types of Diabetes

Type 1 diabetes: □ Results from the body's failure to produce insulin, the hormone that "unlocks" the cells of the body, allowing glucose to enter and fuel them. It is estimated that 5-10% of Americans who are diagnosed with diabetes have type 1 diabetes.

Type 2 diabetes: □ Results from insulin resistance (a condition in which the body fails to properly use insulin), combined with relative insulin deficiency. Most Americans who are diagnosed with diabetes have type 2 diabetes.

Gestational diabetes □ Gestational diabetes affects about 4% of all pregnant women - about 135,000 cases in the United States each year.

Pre-diabetes □ Pre-diabetes is a condition that occurs when a person's blood glucose levels are higher than normal but not high enough for a diagnosis of type 2 diabetes. There are 54 million Americans who have pre-diabetes, in addition to the 20.8 million with diabetes.

Reprinted from WebMD.com

What are the scope and impact of diabetes?

Diabetes is widely recognized as one of the leading causes of death and disability in the United States. In 2000, it was the sixth leading cause of death. However, diabetes is likely to be underreported as the underlying cause of death on death certificates. About 65 percent of deaths among those with diabetes are attributed to heart disease and stroke.

Diabetes is associated with long-term complications that affect almost every part of the body. The disease often leads to blindness, heart and blood vessel disease, stroke, kidney failure, amputations, and nerve damage. Uncontrolled diabetes can complicate pregnancy, and birth defects are more common in babies born to women with diabetes.

In 2002, diabetes cost the United States \$132 billion. Indirect costs, including disability payments, time lost from work, and premature death, totaled \$40 billion; direct medical costs for diabetes care, including hospitalizations, medical care, and treatment supplies, totaled \$92 billion.

Who gets diabetes?

Diabetes is not contagious. People cannot "catch" it from each other. However, certain factors can increase the risk of developing diabetes.

Type 1 diabetes occurs equally among males and females, but is more common in whites than in nonwhites. Data from the World Health Organization's Multinational Project for Childhood Diabetes indicate that type 1 diabetes is rare in most African, American Indian, and Asian populations. However, some northern European countries, including Finland and Sweden, have high rates of type 1 diabetes. The reasons for these differences are unknown.

Type 2 diabetes is more common in older people, especially in people who are overweight, and occurs more often in African Americans, American Indians, some Asian Americans, Native Hawaiians and other Pacific Islander Americans, and Hispanic Americans. On average, non-Hispanic African Americans are 1.6 times as likely to have diabetes as non-Hispanic whites of the same age. Hispanic Americans are 1.5 times as likely to have diabetes as non-

Hispanic whites of similar age. American Indians have one of the highest rates of diabetes in the world. On average, American Indians and Alaska Natives are 2.2 times as likely to have diabetes as non-Hispanic whites of similar age. Although prevalence data for diabetes among Asian Americans and Pacific Islanders are limited, some groups, such as Native Hawaiians and Japanese and Filipino residents of Hawaii aged 20 or older, are about twice as likely to have diabetes as white residents of Hawaii.

The prevalence of diabetes in the United States is likely to increase for several reasons. First, a large segment of the population is aging. Also, Hispanic Americans and other minority groups make up the fastest-growing segment of the U.S. population. Finally, Americans are increasingly overweight and sedentary. According to recent estimates, the prevalence of diabetes in the United States is predicted to reach 8.9 percent of the population by 2025.

Reprinted from US National Institute of Health

Take Care of your Feet

Foot care is very important for every person with diabetes, but especially if you have:

- Loss of feeling in your feet
- Changes in the shape of your feet
- Foot ulcers or sores that do not heal

Nerve damage can cause you to lose feeling in your feet. You may not feel a pebble inside your sock that is causing a sore. You may not feel a blister caused by poorly fitting shoes. Foot injuries such as these can cause ulcers, which may lead to amputation.

A. Check your feet every day.

- You may have serious foot problems, but feel no pain. Check your feet for cuts, sores, red spots, swelling, and infected toenails.

B. Wash your feet every day.

- Wash your feet in warm, not hot, water. Do not soak your feet because your skin will get dry afterwards.
- Dry your feet well. Be sure to dry between your toes.

C. Keep the skin soft and smooth.

- Rub a thin coat of skin lotion, cream, or petroleum jelly on the tops and bottoms of your feet. Do not put lotion or cream between your toes because this might cause an infection.

D. Trim your toenails each week or when needed.

- Have a foot care doctor trim your toenails if your nails are difficult to reach or discolored, thick, or curved.
- Trim toenails straight across. Don't cut corners of the nail.

E. Wear shoes and socks at all times.

- Wear shoes that fit well and protect your feet.
- Always wear socks to help avoid blisters and sores. Choose clean,lightly padded socks that fit well. Do not wear tight socks, elastic or rubber bands, around your legs.
- Protect your feet from hot and cold. Wear socks at night if your feet get cold. Keep your feet warm in the Winter.

Foot Complications

People with diabetes can develop many different foot problems. Even ordinary problems can get worse and lead to serious complications.

Foot problems most often happen when there is nerve damage, also called neuropathy, which results in loss of feeling in your feet. Poor blood flow or changes in the shape of your feet or toes may also cause problems.

Neuropathy

Although it can hurt, diabetic nerve damage can also lessen your ability to feel pain, heat, and cold. Loss of feeling often means you may not feel a foot injury. You could have a tack or stone in your shoe and walk on it all day without knowing. You could get a blister and not feel it. You might not notice a foot injury until the skin breaks down and becomes infected.

Nerve damage can also lead to changes in the shape of your feet and toes. Ask your health care provider about special therapeutic shoes, rather than forcing deformed feet and toes into regular shoes.

Poor Circulation

Poor circulation (blood flow) can make your foot less able to fight infection and to heal. Diabetes causes blood vessels of the foot and leg to narrow and harden. You can control some of the things that cause poor blood flow. Don't smoke - smoking makes arteries harden faster. Also, follow your health care provider's advice for keeping your blood pressure and cholesterol under control.

If your feet are cold, you may be tempted to warm them. Unfortunately, if your feet cannot feel heat, it is easy for you to burn them with hot water, hot water bottles, or heating pads. The best way to help cold feet is to wear warm socks.

Some people feel pain in their calves when walking fast, up a hill, or on a hard surface. This condition is called intermittent claudication. Stopping to rest for a few moments should end the pain. If you have these symptoms, you must stop smoking. Work with your health care provider to get started on a walking program. Some people can be helped with medication to improve circulation.

Exercise is good for poor circulation. It stimulates blood flow in the legs and feet. Walk in sturdy, good-fitting, comfortable shoes. Don't walk when you have open sores.

Amputation

People with diabetes are far more likely to have a foot or leg amputated than other people. The problem? Many people with diabetes have artery disease, which reduces blood flow to the feet. Also, many people with diabetes have nerve disease, which reduces sensation. Together, these problems make it easy to get ulcers and infections that may lead to amputation. Most amputations are preventable with regular care and proper footwear.

For these reasons, take good care of your feet and see your health care provider right away about foot problems. Ask about prescription shoes that are covered by Medicare and other insurance. Always follow your health care provider's advice when caring for ulcers or other foot problems.

One of the biggest threats to your feet is [smoking](#). Smoking affects small blood vessels. It can cause decreased blood flow to the feet and make wounds heal slowly. A lot of people with diabetes who need amputations are smokers.

What is peripheral arterial disease?

Peripheral arterial disease, also called PAD, occurs when blood vessels in the legs are narrowed or blocked by fatty deposits. Blood flow to your feet and legs decreases. If you have PAD, you have an increased risk for heart attack and stroke. An estimated one out of every three people with diabetes over the age of 50 have this condition. However, many of those with warning signs don't realize that they have PAD and therefore don't get treatment.

What does diabetes have to do with PAD?

If you have diabetes, you're much more likely to have PAD, a heart attack, or a stroke. But you can cut your chances of having those problems by taking special care of your blood vessels.

Diagnosis of Peripheral Arterial Disease (PAD) is Important for People with Diabetes

-- Disease Has Few Symptoms, Serious Consequences, and Affects 1 in 3 with Diabetes --

(Alexandria, VA) – A common, but serious, vascular complication in people with diabetes often goes undetected and should be screened for more frequently, according to a Consensus Statement published in the December issue of Diabetes Care.

Peripheral arterial disease (PAD) is a form of peripheral vascular disease that occurs when blood vessels in the legs are narrowed or blocked by fatty deposits, decreasing blood flow to the feet and legs. One in three people with diabetes over age 50 is estimated to have this condition; in all, as many as 12 million Americans have it. If undetected, PAD can lead to amputations of the lower limbs and increase a person's risk for having a heart attack or stroke within five years~ resulting in death for about one-third of those patients.

"PAD is an unaddressed and under-appreciated problem for patients with diabetes," said Peter Sheehan, MD, Director of the Diabetes Foot & Ankle Center at the Hospital for Joint Diseases in New York City, who chaired the Consensus Panel. "While many diabetes patients with PAD do not have any symptoms, some do experience problems such as leg pain or fatigue during walking and attribute it to just getting older. These people may not feel up to their usual activities and have a greatly reduced quality of life. More critical, people with diabetes and PAD have a high risk of other forms of vascular disease – such as heart attacks and stroke."

Because of the high cardiovascular risk associated with PAD and the potential for functional impairment and limb loss, a Consensus Panel brought together by the American Diabetes Association (ADA) recommends that anyone over the age of 50 who has diabetes get screened for PAD. People with diabetes who are younger than 50 should be considered for screening if they have other risk factors for this condition, including smoking, high blood pressure, high cholesterol or having diabetes for more than 10 years.