



Out in the Open

Talk to your doctor about your uh-oh health issues | By Gina Roberts-Grey

No health topics—not even those that revolve around the toilet—are out of bounds in your doctor's exam room. "You can't possibly embarrass your physician," assures Nicholas Argento, MD, CDTC, diabetes technology director and a senior endocrinologist at Maryland Endocrine and Diabetes in Columbia, Maryland, who has type 1 diabetes.

"Your doctor is here to help you, and asking just one seemingly small question can be life-changing," says Deena Adimoolam, MD, an endocrinologist at The Mount Sinai Hospital and assistant professor at Mount Sinai School of Medicine. What you may

consider a pesky problem may be a medication side effect or a sign of another health issue.

Just remember: While no subject is off limits, timing is important. "Ask questions at the beginning of the visit instead of waiting until the doctor is nearly out the door," says Argento. That way, there will be plenty of time to discuss the situation, and you'll be less likely to chicken out and avoid asking the question later on.

Wondering what you should ask? Along with those related to key numbers such as A1C and blood pressure, don't be afraid to touch on these topics, too.

WHY AM I RUNNING TO THE BATHROOM WITH THE RUNS?

A Many people with diabetes feel drained by diarrhea. Metformin, typically the first drug doctors will prescribe to treat type 2 diabetes, is a common cause. The link between the medicine and your digestive system is unknown. But Adimoolam says it could be that a reaction to metformin causes excess water in the gastrointestinal tract and, ultimately, watery stools. Even if you've tolerated the medication in the past, diarrhea can creep up at any time, though it may be more common when taking higher doses of metformin. "Divulging what's happening in the bathroom can lead to the quick fix of changing medication or dosing," says Argento.

What you eat and drink might also be to blame. The artificial

sweetener sorbitol, used in many sugar-free foods, candies, and gums, can lead to bloating, gas, and excess time on the toilet. If this is the cause, you may have to scale back eating foods with sorbitol. What one person may tolerate, another might not.

Diabetes puts you at a greater risk for gastroparesis, a condition of delayed stomach emptying that can cause diarrhea. Having type 1 diabetes can also up your risk for celiac disease—an intolerance to the gluten found in wheat and some other grains—which can cause gas, bloating, and diarrhea because it prevents the body from properly absorbing nutrients. "There are also lifestyle and dietary changes, like gluten-free eating, to alleviate that type of discomfort, but your doctor can't suggest them if he isn't aware of your symptoms," says Argento.

WHY AM I LOSING THE HAIR ON MY HEAD BUT GAINING IT ON MY FACE? I'M A WOMAN!

A While diabetes isn't directly related to excessive shedding of your locks, the high levels of insulin in type 2, stemming from your body's response to insulin resistance, are believed to increase production of male hormones, including androgen, which worsens symptoms of polycystic ovary syndrome (PCOS). Along with irregular, painful, and heavy periods, this common cause of infertility spurs the growth of female facial hair on the chin or upper lip and thinning of the hair on your head. A recent study published in *Diabetes Care* found that 24 percent of women with type 1 diabetes also had PCOS. "Your endocrinologist is a hormone specialist and can treat more than just your diabetes," says Adimoolam. "They're able to address PCOS as well as other hormone-related issues." Treatment of PCOS depends on your symptoms, other health issues, and desire to get pregnant. Other causes of thinning hair include genetics, stress, and thyroid disorders.

WHY DO I ITCH DOWN THERE?

A Because candida yeast feeds off of glucose, women with diabetes are more prone to developing vaginal yeast infections. (Men can develop genital yeast infections, too, but it's less common.) The cottage cheese-like discharge, odor, and itching associated with these pesky infections are more common when blood glucose isn't well managed. But SGLT-2 inhibitors, type 2 diabetes drugs that release excess glucose through the urine, can also raise the risk. All that extra glucose in the area makes the vagina the perfect growth environment for yeast that causes infections, Argento says.

Over-the-counter treatments can alleviate symptoms, but Argento suggests talking to your doctor to discuss all possible causes and treatments—including a change in medicine. To learn more about yeast infection prevention, visit diabetesforecast.org/yeastinfections.

WHY HAVE I LOST THAT LOVIN' FEELING?

A Sexual dysfunction is very common in both men and women with diabetes. This can be a side effect of medicines, such as anti-depressants, used to control issues related to diabetes. But Argento says diabetic neuropathy (nerve damage that can cause loss of sensation), older age, low testosterone (for men), and depression can all lead to sexual dysfunction. For men, that typically takes the form of an inability to have or maintain an erection.

Decreased sensitivity due to neuropathy can also impact a woman's desire for sex. "Damage to blood vessels that supply blood to the vagina and clitoris can

decrease a woman's ability to achieve an orgasm, thus dampening her libido," says Adimoolam. Neuropathy can also affect vaginal lubrication, making sex painful.

"Keeping mum on what's happening in the bedroom prevents your doctor from helping determine what treatments, including switching prescriptions, might be effective to get your sex life back on track," says Argento. In many instances, there's an easy fix: medication changes, over-the-counter lubricants, and prescriptions that treat erection problems (erectile dysfunction).

WHAT'S THIS WHITE STUFF IN MY MOUTH?

A Because glucose feeds candida yeast, it's common for people with diabetes to develop thrush, a yeast infection in the mouth. The creamy, white patches on the tongue, inner cheeks, roof of the mouth, or even gums are a complication of poorly managed blood glucose. Let your doctor know about any changes you can feel or see in your mouth. That way, your doctor better understands your overall health and can support you in effectively managing your diabetes.

WHY CAN'T I MAKE IT TO THE BATHROOM?

A The constant urge to urinate is common in those with very high blood glucose—typically before diagnosis of diabetes or in instances when blood glucose isn't well managed. But weakened bladder muscles or a loss of sensation in the bladder, both caused by nerve damage, can let a little pee leak out now and then, too—for instance, when you laugh or sneeze. Because of the nerve damage, you might not have the same advanced warning that your bladder is full, which results in the sudden urge to urinate and possibly not making it to the bathroom in time. "Age naturally increases the risk for this," says

Adimoolam. "But having diabetes can up the odds."

Being overweight can also contribute to bladder leaks by putting excess pressure on bladder muscles. Maintaining a healthy weight can help. A study in *The New England Journal of Medicine* found that overweight women who leaked urine at least 10 times a week cut their unwanted trickles by nearly 50 percent after losing 17 pounds. Losing just 3 pounds reduced leaking by 28 percent. Your doctor may also suggest other therapies, such as exercises to strengthen bladder muscles, to cut down the number of trips you make to the toilet.

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