Diabetic Neuropathy

About half of all people with diabetes have some form of neuropathy.

What Is Diabetic Neuropathy?

Diabetic neuropathy is a group of nerve disorders that can cause numbness and pain. Various nerves in the body can be involved, including in the feet, legs, arms, and internal organs like the heart, digestive system, and sex organs. An individual nerve can be involved, but more commonly, a pattern of neuropathy affecting many nerves and different locations (polyneuropathy) occurs. The risk of developing neuropathy increases the longer a person has diabetes. High blood glucose and lipid levels, impaired blood supply to the nerves, obesity, high blood pressure, smoking, and alcohol use all contribute to the development of diabetic neuropathy. Some people have an inherited susceptibility and are more prone to diabetic neuropathy. An article in the November 24, 2015, issue of JAMA reviews the diagnosis and treatment of distal symmetric polyneuropathy.

Signs and Symptoms

People develop different problems based on the specific type and location of neuropathy. Most often, patients report a tingling and burning sensation or numbness in their feet and hands in a stocking-like or glove-like pattern that occurs in both extremities. There can be increased sensitivity to touch and varying degrees of pain. There may be loss of muscle in the feet, legs, hands, and hips along with difficulties with walking, balance, and coordination. With numbness of the feet, pressure points from shoes may not be felt, leading to ulcers and infections. This problem can lead to amputation. If the nerves of the internal organs are involved, there may be difficulty swallowing, indigestion, nausea or vomiting, diarrhea, or constipation. Dizziness or fainting can occur from decreased blood pressure after sitting or standing up, as can increased heart rate at rest, problems with urination, erectile dysfunction, or vaginal dryness.

Diagnosis and Care

The nerves of the feet are the longest nerves in the body and are often the first nerves to be affected. Patients with diabetes should have a detailed foot examination every year to look for early signs of diabetic neuropathy. This evaluation includes assessment of the skin, muscles, bones, circulation, and sensation of the feet. Special attention is paid to foot sensation and the ability to feel a pinprick, cold, or vibration in the toes compared with the upper legs. Involvement of internal organs may require care by specialists. The most important part of treatment of diabetic neuropathy is to achieve good control of blood glucose levels. Patients who smoke should quit to help reduce problems related to neuropathy. There are medications to help with pain due to neuropathy. Foot self-care plays a central role: this includes daily self-examination using a mirror to look for red spots, cuts, swelling, or blisters. In addition, careful cutting and filing of nails; regular use of moisturizing lotions; wearing thick, soft, seamless socks; and using shoes that fit well and allow the toes to move all help prevent ulcers.

Author: Aria A. Razmaria, MD, MSc

Sources: National Institute of Diabetes and Digestive and Kidney Diseases, Mayo Clinic


FOR MORE INFORMATION

National Institute of Diabetes and Digestive and Kidney Diseases


Mayo Clinic

www.mayoclinic.org/diseases-conditions/diabetic-neuropathy/basics/symptoms/con-20033336

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