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Short Communication

A Brief Note on Effect of Diabetes in Osteoporosis Patients

Raymond Sherman*

Department of Orthopedic Surgery and Rehabilitation, The University of Texas Medical Branch, Galveston, United States

DESCRIPTION

Diabetes is related to medical complications and comorbidities that increase the relative risks of mortality and morbidity. The diabetes-related complications and comorbidities don't seem to be only expensive to treat even have negative impacts on the patient's quality of life.

Pain from the musculoskeletal system could be a frequent problem in patients with diabetes because it is reported that the people with diabetes than within the general population. In a previous analysis on 950 patients with type 2 diabetes (type 2 DM), musculoskeletal pain ranged from 1.6 to 2.2 times as frequent as in associate in age- and the gender-matched general population. The study found that pain was related to higher BMI, reduced quality of life, low physical operation, and also the ability to be physically active [1].

Musculoskeletal pain in people with diabetes could arise from many comprising factors, among osteoarthritis. Previous studies have reportable the associations between diabetes and osteoarthritis. The overweight and obesity that are usually seen in patients with diabetes are also crucial considering the event of arthritis, particularly within the development of osteoporosis within the back and also the lower limbs wherever associate degree elevated body weight can increase the load on the joints. The pain can also be a result of osteoporosis that is related to type 2 DM via a Vitamin D deficiency. Moreover, musculoskeletal pain in people with diabetes is also found in joints and their encompassing tissues as the results of Advanced Glycation End-stage (AGE) products. The pain can also arise from the frequent complication of diabetic polyneuropathy.

Physical activity could be recognized as a part of the treatment of type 2 DM. The consequences of exercise training in people with type 2 DM could improve glycaemic control, reduce blood pressure, improved dyslipidemia, and reduce BMI. Thus, exercise training has the potential to decrease the risks of diabetic complications and mortality in patients with type 2 diabetes [2]. However, the level of physical activity in people with type 2 diabetes remains reduced compared with the people without type 2 diabetes. People with diabetes could have many barriers to being physically active, among them musculoskeletal pain. Thus, if musculoskeletal pain affects physical activity levels negatively in patients with diabetes, it should have more negative implications, as well as impaired glycaemic control and a reduced physical operation.

Musculoskeletal pain in people with diabetes has been reportable in previous studies; the explanations underlying the pain are less clear [3]. This study hypothesized that diabetes was related to elevated odds of getting musculoskeletal pain, arthritis, rheumatoid arthritis and osteoporosis.

Osteoarthritis was a frequently reported disease among the participants with and without diabetes. To those previous authors' information, this study used the largest population sample to analyze the association between diabetes and osteoarthritis. The study found that osteoarthritis within the knees or hips was an independent predictor of incident diabetes. The development of diabetes was explained by physical inactivity because of walking limitations as a result of osteoarthritis. Whether type 2 diabetes has the potential to develop osteoarthritis is unknown. However, inferior inflammation could be a well-known issue in diabetes and osteoarthritis, and it should link the 2 diseases. The inflammation could arise from metabolic factors, among them visceral obesity and dyslipidaemia, and it results in inflated risks of kind a pair of DM and osteoarthritis.

The most pronounced association between diabetes and the different reported diseases was found within the association between diabetes and osteoporosis, and diabetes was related to 55% elevated odds of getting an osteoporosis. However, during this study, osteoporosis was reportable by 15% and 7.5% of the participants with and without diabetes [4]. The high prevalence of osteoporosis during this study has presumably supported a misunderstanding of the disease among the participants.

The participants might not apprehend the distinction between osteoarthritis and osteoporosis that have comparable names in Danish, because the prevalence within the 2 teams exceeds previously reported numbers of osteoporosis. Thus, the current data for osteoporosis should be taken with great caution. A previous study found that type 2 diabetes was related to an

Correspondence to: Raymond Sherman, The Department of Orthopedic Surgery and Rehabilitation, The University of Texas Medical Branch, Galveston, United States, E-mail: raysherman@hsdm.harvard.edu

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increased risk of getting osteoporosis in women. If osteoporosis seems before diabetes, the pain from osteoporosis could increase the risk of physical inactivity, which could be a type 2 diabetes risk factor. It should not be neglected that long-term steroid treatment of osteoporosis may increase the risk of diabetes, a mechanism that will be accelerated with physical inactivity.

The most pronounced association between diabetes and the other reported diseases was found in the association between diabetes and osteoporosis, and diabetes was associated with 55% elevated odds of having osteoporosis. However, in this study, osteoporosis was reported by 15.1% and 7.6% of the participants with and without diabetes, respectively [5]. The high prevalence of osteoporosis in this study is most likely based on a misunderstanding of the disease among the participants.

Diabetes was related to musculoskeletal pain, osteoarthritis, rheumatoid arthritis and osteoporosis. Osteoarthritis was more frequently reported than rheumatoid arthritis and osteoporosis. This study suggests having attention to musculoskeletal pain in people with diabetes in clinical applications and informing those with diabetes and osteoarthritis, rheumatoid arthritis, or osteoporosis.

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