

# DOCTOR'S OF TOMORROW

Quarterly Newsletter of the Black Men in Medicine

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## BMIM MISSION

Our mission is to demonstrate the excellence put forth by Black male physicians and rising students in the medical field, as a means to increase the recruitment of Black males in medicine.

We also aim to provide a secure platform for minority males to openly discuss the difficult topics we face as minorities in medicine.



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# Diabetes: The Silent Killer



## WHAT IS DIABETES?

Diabetes is a disease that stems from chronically spiked glucose levels inside of your body. Insulin is a hormone endogenously produced in our bodies, and when circumstances around that hormone are no longer ideal, the pathological state of Diabetes begins to persist. Diabetes can lead to a host of secondary complications such as cardiovascular disease, nerve damage (neuropathy), kidney damage (nephropathy), eye damage (retinopathy), foot damage (potential amputation), Skin conditions, and many others. When discussing Diabetes, there are two main types that should be considered:

### TYPE 1:

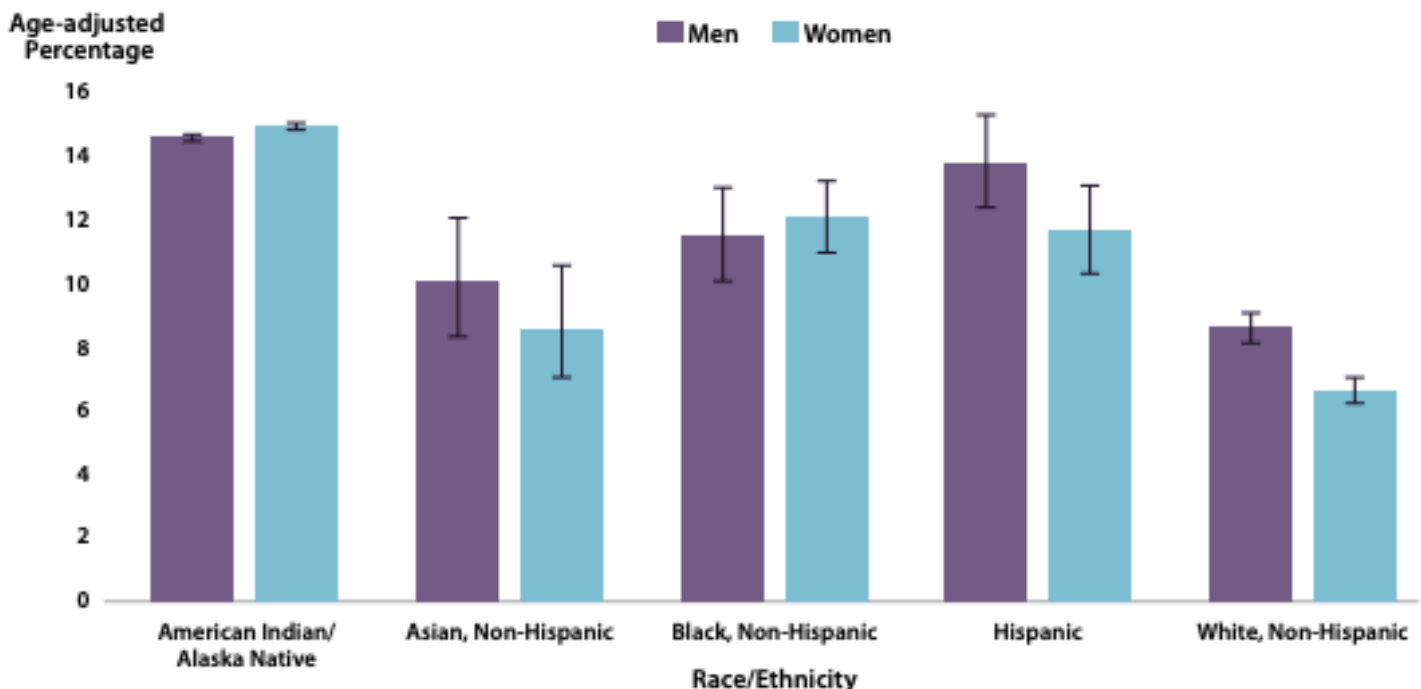
Your body does not physically produce insulin which results in chronic high blood sugar levels. This type is more commonly seen amongst a younger population.

### TYPE 2:

The more common type. In this case, your body makes insulin, but you no longer respond to the hormone appropriately. This type is seen more commonly in an older population. However, there has been a significant rise in childhood cases specifically in minority communities.

**FIGURE 1.** THE AGE-ADJUSTED ESTIMATED PREVALENCE OF DIAGNOSED DIABETES BY RACE/ETHNICITY GROUP AND SEX FOR ADULTS AGED 18 YEARS OR OLDER, UNITED STATES, 2017-2018. **NOTE:** ERROR BARS REPRESENT UPPER AND LOWER BOUNDS OF THE 95% CONFIDENCE INTERVAL.

**DATA SOURCES:** 2017-2018 NATIONAL HEALTH INTERVIEW SURVEY; 2017 INDIAN HEALTH SERVICE NATIONAL DATA WAREHOUSE (FOR AMERICAN INDIAN/ ALASKA NATIVE GROUP ONLY).





# DIABETES DATA:

## Numbers Don't Lie

### Screening Guidelines

According to the U.S Preventive Services Task Force, screening for abnormal blood glucose and type 2 Diabetes in adults between the ages of 40 and 70 who are overweight or obese should be done every three years if results return normal.

The American Diabetes Association recommends screening for type 2 diabetes annually in patients 45 years and older or in patients younger than 45 with major risk factors. Staying up to date on routine clinical examinations such as HbA1c testing, complete foot examinations, and comprehensive dilated eye exams are critical in reducing diabetes complications.

### Common Risk Factors

- Family History
- Weight
- Inactivity
- Race or Ethnicity
- Environmental Factors
- Tobacco Use

### Treatments

There are multiple ways to treat patients with Diabetes depending on their stage in the disease. Generally, controlling blood sugar through diet, oral medications, or insulin is the main treatment. Substituting foods known to spike blood sugar like sweets and fast foods with healthier food choices like whole-grains, fruits, and vegetables can have a major positive impact on your health. In general, you want to target foods with a low glycemic index to prevent abnormally high spikes in your blood sugar. Additionally, weight loss helps regulate hormone levels in your body and also lowers your risk of secondary complications. In general, you want to aim for a minimum of 30 minutes of exercise per day. Regular screening for complications is also required. The main goal in treatment is to maintain a stabilized blood sugar level through modified behaviors.

#### PRE-DIABETES:

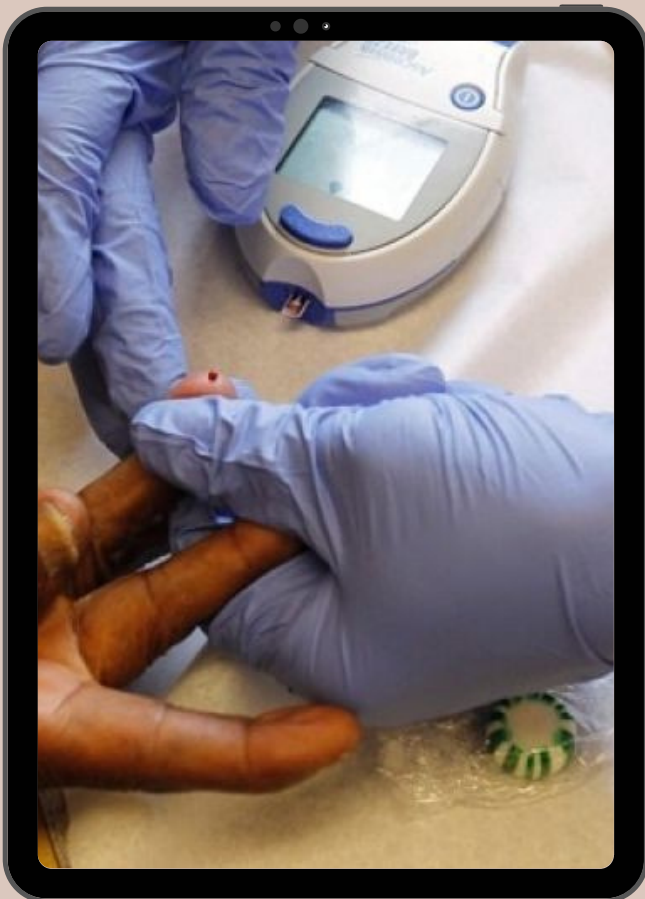
The range of HbA1c levels for prediabetes is between 5.7% and 6.4%. Progression from pre-Diabetes to type 2 diabetes is not inevitable. The good news is that with simple lifestyle changes, weight loss, and medications, it's possible to bring a blood sugar level back to normal and regress.

#### TYPE 1:

Any HbA1c level of 6.5% or greater is considered diabetes. Treatment aims at maintaining normal blood sugar levels through regular monitoring, insulin therapy, diet, and exercise.

#### TYPE 2:

Treatments include diet, exercise, medication, and insulin therapy.



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# TOP 10 QUESTIONS TO ASK YOUR DOCTOR

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BELOW IS A LIST OF QUESTIONS THAT SHOULD BE KEPT IN MIND WHEN CONSULTING A PHYSICIAN ABOUT DIABETES

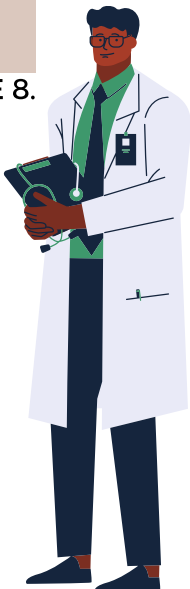
1. Should I check my blood sugar levels at home with a glucose monitor?  
How often should I check them?
2. What are my goals regarding blood sugar levels?
3. What are the warning signs or symptoms that my blood sugars are too high? What do I do if my blood sugars are too high?
4. What are the warning signs or symptoms that my blood sugars are too low? What do I do if my blood sugars are too low?
5. How can I change my lifestyle and diet in a way that will be healthy?
6. What are the side effects of my medications/insulin?
7. Will I always need medications/insulin? How will you evaluate whether these medications are the best treatment for me?
8. What are the long-term complications of Diabetes, and how can I avoid them?
9. How do other factors such as high cholesterol and high blood pressure affect me if I have Diabetes?
10. How often should I be seeing my doctor to optimize my Diabetes management?

# QUICK QUIZ

## QUESTIONS

1. What is Diabetes?
2. What hormone in the body is responsible for the maintenance of blood sugar levels?
3. What is the difference between type 1 and 2 Diabetes?
4. Name 3 common risk factors for Diabetes
5. At what age should you begin to consider annual screenings?

NEED HELP? SEE PAGE 8.



# THE FUTURE OF MEDICINE

## Class Updates

**C/O 2024 (M1):** The first-year students are currently entering their second system based block, Cardiopulmonary. So far they have completed Foundations 1, Foundations 2, and Bone & Muscle Disorders block.



**C/O 2023 (M2):** The second-year students are currently in their final didactic block, Host Defense. Upon the completion of this block, they will begin their dedicated Step 1 study period.



**C/O 2022 (M3):** The third-year students are completing ring 2 of 3 in their clinical rotations consisting of medicine, surgery, family medicine/ pediatrics.



**C/O 2021 (M4):** The fourth-year students are wrapping up interview season and awaiting the Match this spring. We wish them the best of luck!



# STUDENT HIGHLIGHT: COREY THOMPSON

"Born and raised in Columbus, OH with a lifelong dream of becoming a doctor. This dream was originally inspired by an interest in science and disease of biological origin. However, over time my interest in becoming a physician became more and more fueled by a passion to tackle diseases of socioeconomic origin as well. As a radiologist, I plan to tackle these issues by focusing on disparities in access to imaging for minoritized communities. In addition to my clinical and community responsibilities, I hope to practice at a large academic institution that will give me the opportunity to teach and inspire the next generation of physicians. The Black Men In Medicine movement means so much to myself and my classmates. This platform is incredibly important for our own professional and personal development. Cannot wait to see what the future holds."



## Medical Student Grand Rounds: "Fixing the Leaky Pipeline: Why Diversity Matters in Medicine"



Corey had the opportunity to present at The Ohio State University College of Medicine's first student Medical Student Grand Rounds on the topic "Fixing the Leaky Pipeline: Why Diversity Matters in Medicine". Here are the key points from his presentation:

1. Cited literature shows the impact of diversity within the medical field. Ex. Racial concordance during birth demonstrates better birthing outcomes for Black babies.
2. There are upstream social structures that cause negative downstream consequences for minority patients. The knowledge of these structures is coined "Structural Competency".
3. Structural Competency should be engrained into medical school curriculums. The basis for this claim lies in the fact that our medical degree does NOT shield us from our biases.
4. The specific structure within the medical field that I have chosen to tackle is the "leaky pipeline" of medical education that has led to an alarmingly low representation of black medical students, especially black males. I did so by creating the HEADS UP program. Visit [Blackmeninmed.com](http://Blackmeninmed.com) to learn more.

# Join the Community!



- 1. GO TO OUR WEBSITE: BLACKMENINMEDICINE.COM**
- 2. CLICK "REQUEST TO JOIN"**
- 3. FOLLOW US ON INSTAGRAM AND TWITTER!  
@BMIN\_OHIOSTATE**

## DIABETES THE SILENT KILLER CONTINUED

**If you present any of the symptoms below, we urge you to call your physician.**

Increased thirst.

Frequent urination.

Extreme hunger.

Unexplained weight loss.

Presence of ketones in the urine (ketones are a byproduct of the breakdown of muscle and fat that happens when there's not enough available insulin)

Fatigue.

Irritability.

Blurred vision

### **ANSWERS TO QUIZ**

1. A disease of chronically spiked blood sugar levels
2. Insulin
3. Type 1- Body does not produce insulin; Type 2- Body no longer responds to insulin
4. Race, Weight, Family History
5. 4.5 and above

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