

The Role of Exercise in Diabetes Prevention and Management: An Updated Review

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Introduction

Diabetes mellitus, particularly Type 2 diabetes, has become a global health crisis. According to the International Diabetes Federation (IDF), approximately 537 million adults worldwide are living with diabetes, and this number is expected to increase significantly in the coming decades. Type 2 diabetes, which is primarily related to lifestyle factors such as poor diet, lack of physical activity, and obesity, accounts for the vast majority of diabetes cases. The disease is associated with serious complications, including cardiovascular disease, kidney failure, neuropathy, and blindness, contributing to a significant burden on healthcare systems globally. [1-3].

While pharmacological treatments have improved, the cornerstone of diabetes prevention and management remains lifestyle modification, with exercise playing a central role. Regular physical activity has been shown to have profound effects on insulin sensitivity, glucose regulation, and overall metabolic health. The purpose of this article is to review the current evidence on the role of exercise in diabetes prevention and management. Specifically, it will focus on how exercise improves glucose control, the types of exercise most effective in managing diabetes, and the benefits and challenges of incorporating exercise into diabetes care. [4].

Description

Mechanisms of action

Physical activity offers numerous benefits for individuals with or at risk for diabetes, primarily through the following mechanisms:

Improved insulin sensitivity

One of the primary mechanisms by which exercise helps in managing and preventing diabetes is by improving insulin sensitivity. Insulin is a hormone that helps cells absorb glucose from the bloodstream. In people with insulin resistance, cells become less responsive to insulin, leading to higher blood glucose levels. Exercise, particularly aerobic exercise and resistance training, improves the ability of cells to respond to insulin, allowing for better glucose uptake and regulation. Regular exercise increases the number of insulin receptors on muscle cells, enhancing their ability to take up glucose and reducing the need for higher insulin levels. [5-7].

Enhanced glucose uptake

Exercise increases glucose uptake by muscle cells, which use glucose as a primary energy source during physical activity. Even after exercise, muscles continue to take up glucose from the blood at an accelerated rate, a process known as “post-exercise insulin sensitivity.” This prolonged improvement in glucose regulation helps lower blood sugar levels and is particularly beneficial for individuals with Type 2 diabetes.

Reduction in visceral fat

Visceral fat, which accumulates around internal organs, is a key

factor in the development of insulin resistance and Type 2 diabetes. Exercise helps reduce visceral fat, improving metabolic function and reducing the risk of developing diabetes. Regular physical activity, especially combined aerobic and resistance exercises, is particularly effective in targeting abdominal fat.

Modulation of inflammatory markers

Chronic low-grade inflammation is a common feature of Type 2 diabetes and is believed to contribute to insulin resistance. Exercise has been shown to reduce systemic inflammation by lowering levels of pro-inflammatory cytokines and increasing anti-inflammatory markers. This reduction in inflammation contributes to improved insulin sensitivity and better glucose control. [8,9].

Types of exercise for diabetes prevention and management

Exercise can be categorized into several types, each offering unique benefits for diabetes prevention and management.

Aerobic exercise

Aerobic exercise, such as walking, running, swimming, and cycling, is the most widely studied form of exercise in relation to diabetes. Aerobic activities improve cardiovascular health, enhance insulin sensitivity, and help with weight management, all of which are crucial for diabetes prevention. Moderate-intensity aerobic exercise, such as brisk walking for 30 minutes a day, has been shown to improve blood glucose control and reduce the risk of developing Type 2 diabetes in at-risk individuals.

High-intensity interval training (HIIT) has also gained popularity as an effective strategy for improving insulin sensitivity and glucose control in individuals with Type 2 diabetes. HIIT involves short bursts of intense exercise followed by periods of rest or low-intensity activity, and it has been shown to be as effective, if not more so, than moderate-intensity exercise in improving metabolic health.

Resistance training

Resistance training, such as weight lifting or bodyweight exercises, is another key component of diabetes management. Strength training helps build muscle mass, which increases resting metabolic rate and promotes glucose uptake by muscle cells. Research has shown that

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resistance training improves insulin sensitivity and glycemic control in individuals with Type 2 diabetes, and it is especially effective when combined with aerobic exercise.

A recent study found that combining both aerobic and resistance exercises yielded better results for blood glucose control and fat loss than either form of exercise alone. Therefore, a combination of both aerobic and resistance exercises is considered the most effective approach for managing diabetes.

Flexibility and balance exercises

While not directly influencing blood glucose levels, flexibility and balance exercises such as yoga and Pilates can improve overall well-being and help prevent falls, which are particularly important for individuals with diabetes who may experience neuropathy or other complications. These exercises can also reduce stress, which can have indirect benefits for glucose control. [10].

Discussion

Exercise in diabetes prevention

Regular physical activity is one of the most effective ways to prevent Type 2 diabetes, especially in individuals at high risk due to factors like obesity, sedentary lifestyle, or family history of diabetes. The Diabetes Prevention Program (DPP), a landmark study conducted in the United States, demonstrated that a lifestyle intervention involving 150 minutes of moderate-intensity physical activity per week, combined with dietary modifications, reduced the risk of developing Type 2 diabetes by 58%. This intervention proved more effective than pharmacological interventions such as metformin.

Exercise, along with dietary changes, plays a key role in weight management, which is critical for diabetes prevention. Studies have shown that even modest weight loss (5-10% of body weight) through exercise and dietary changes can significantly reduce the risk of developing Type 2 diabetes. Furthermore, exercise can prevent or delay the onset of prediabetes, a condition characterized by elevated blood glucose levels that are not yet high enough to be classified as Type 2 diabetes.

Exercise in diabetes management

For individuals with established Type 2 diabetes, exercise is equally important in managing the condition and preventing complications. Regular physical activity helps to lower blood glucose levels, improve insulin sensitivity, and reduce the need for medications. The American Diabetes Association (ADA) recommends that adults with Type 2 diabetes engage in at least 150 minutes of moderate-intensity aerobic activity per week, combined with two or more sessions of resistance training.

One of the key benefits of exercise in diabetes management is its ability to reduce the risk of long-term complications, including cardiovascular disease, kidney failure, and neuropathy. Physical activity has been shown to improve heart health, reduce blood pressure, and lower cholesterol levels, all of which are critical for individuals with diabetes who are at increased risk for cardiovascular events.

Exercise also has psychological benefits. Managing a chronic disease like diabetes can be stressful, and exercise has been shown to reduce stress and improve mood. Regular physical activity can help individuals with diabetes feel more energized, reduce anxiety and depression, and improve overall quality of life.

Barriers to exercise

Despite the clear benefits of exercise, many individuals with diabetes face significant barriers to becoming physically active. These barriers can be physical, psychological, or logistical, and may include:

Physical limitations: Joint pain, neuropathy, and other complications of diabetes can make exercise difficult.

Lack of motivation: Depression, anxiety, and diabetes-related stress can reduce motivation to exercise.

Time Constraints: Busy schedules, work commitments, and family responsibilities can make it difficult to find time for regular exercise.

Financial Barriers: Access to gyms or fitness classes may be limited by financial constraints.

Lack of Knowledge: Some individuals may not know what types of exercise are best for managing diabetes or may feel overwhelmed by the prospect of starting an exercise program.

Addressing these barriers is crucial to improving exercise adherence in individuals with diabetes. Healthcare providers can play a vital role in educating patients about the benefits of exercise and helping them develop personalized, achievable exercise plans.

Conclusion

Exercise is an essential component of diabetes prevention and management. Regular physical activity improves insulin sensitivity, enhances glucose control, reduces body fat, and lowers the risk of long-term complications associated with diabetes. Both aerobic exercise and resistance training have demonstrated significant benefits for individuals with or at risk for Type 2 diabetes. Combining these forms of exercise with healthy dietary habits and weight management strategies can effectively prevent and manage diabetes.

Despite the clear benefits, many individuals face barriers to exercise that can limit their ability to engage in physical activity. Overcoming these barriers through education, personalized exercise plans, and social support is crucial to improving diabetes outcomes and quality of life.

As the global burden of diabetes continues to rise, incorporating exercise into routine diabetes care and preventive strategies should be a priority for healthcare providers and policymakers. Encouraging and facilitating regular physical activity in at-risk populations could have a profound impact on the global fight against diabetes, improving patient outcomes and reducing the associated healthcare costs. The role of exercise in diabetes prevention and management is not only a scientific imperative but also a vital step towards better global health.

References

- Hodgkin K (1985) Towards Earlier Diagnosis. A Guide to Primary Care. Churchill Livingstone.
- Last RJ (2001) A Dictionary of Epidemiology. Oxford: International Epidemiological Association.
- Kroenke K (1997) Symptoms and science: the frontiers of primary care research. J Gen Intern Med 12: 509–510.
- Sackett DL, Haynes BR, Tugwell P, Guyatt GH (1991) Clinical Epidemiology: a Basic Science for Clinical Medicine. London: Lippincott, Williams and Wilkins.
- Mullan F (1984) Community-oriented primary care: epidemiology's role in the future of primary care. Public Health Rep 99: 442–445.
- Mullan F, Nutting PA (1986) Primary care epidemiology: new uses of old tools. Fam Med 18: 221–225.

7. Abramson JH (1984) Application of epidemiology in community oriented primary care. *Public Health Rep* 99: 437–441.
8. Kroenke K (1997) Symptoms and science: the frontiers of primary care research. *J Gen Intern Med* 12: 509–510.
9. Kroenke K (2001) Studying symptoms: sampling and measurement issues. *Ann Intern Med* 134: 844–853.
10. Komaroff AL (1990) 'Minor' illness symptoms: the magnitude of their burden and of our ignorance. *Arch Intern Med* 150: 1586–1587.