

STIGMA, STRESS, SUGAR SPIKES

Diabetes at work is a real thing

Diabetes was once seen as an “old person’s disease,” but that myth has collapsed. Today, many Bangladeshi professionals in their 20s and 30s are being diagnosed with Type 2 diabetes, struggling to manage it amid long hours, stress, deadlines, and workplaces that leave little room for self-care.

The 2025 World Diabetes Day sub-campaign, “Diabetes and the Workplace,” highlights this growing crisis and while offices must adapt, diabetic employees also need practical strategies to stay healthy in environments not built with them in mind.

**YOUNGER, BUSIER, SICKER**

“Diabetes is no longer an old person’s disease,” says endocrinologist Dr Marufa Mustari. She points to screen addiction, late nights, processed food, and long hours of sitting as the real culprits. A decade ago, her youngest Type 2 patients were in their mid-40s. Now, many are under 30.

Dr Mirza Sharifuzzaman, Associate Professor at Dhaka Medical College, adds that even children and teenagers are now being diagnosed. “Urbanisation, inactivity and poor diets are pushing diabetes into younger age groups.”

For young professionals, this creates a

ALL FOUR SPECIALISTS STRESS THAT WORKPLACES MUST BECOME ALLIES

- » Flexible meal timings
- » Private space for glucose checks
- » Low-oil, low-carb canteen options
- » Movement breaks
- » Screening camps
- » Zero stigma

perfect storm: long workdays, no breaks, and energy crashes dismissed as “just stress.” In reality, these are early signs of metabolic dysfunction.

**STIGMA IN THE OFFICE**

Several doctors highlight one uncomfortable truth: many diabetic employees hide their condition. They fear being seen as weak, “high-maintenance”, or less promotion-ready. This secrecy leads to skipped glucose checks, pushing meals, or ignoring symptoms like thirst, sudden fatigue, or blurred vision.

“People overlook the earliest symptoms because they’re nonspecific,” says Prof Dr Kazi Shahnoor Alam, Head of Nephrology at Mitford Hospital. “Fatigue, frequent urination and infections appear early, but most people dismiss them as stress.” That dismissal often delays care. Kidney disease, for example, develops silently. “By the time symptoms show, the damage is often advanced,” he warns.

**THE BURNOUT LOOP**

Diabetes isn’t just physical. It carries a heavy mental load. Constant monitoring, meal schedules, medication, and fear of complications weigh on the mind, and workplace pressure pushes many into diabetes burnout, a recognised state of exhaustion. “Stress and poor sleep can significantly worsen blood sugar control,” says Dr Mustari. Dr Sharifuzzaman adds that many patients delay care until complications like retinopathy or neuropathy appear because they “don’t have time.” Burnout at work disrupts glucose control, triggering symptoms that fuel even more stress. It is a cycle that steadily erodes both productivity and mental well-being.

**THE HEART TAKES A HIT TOO**

“You need to do more than exercising for a healthier heart,” warns cardiologist Prof Dr

A.F. Khabir Uddin Ahmed. Young diabetic professionals who sit all day face increased cardiac risk even if they appear muscular or slim. He emphasises that diabetics must control both blood sugar and cholesterol: “They’re interconnected. You can’t protect the heart by treating sugar alone.”

What workplaces must do — and what diabetics CAN do

But diabetic employees also have agency. They can take steps today, even in imperfect work environments:

**Protect your meal schedule:** Use reminders, carry small snacks, and don’t skip meals for meetings.

**Move every hour:** Refill water, stand during calls, or take the stairs to keep glucose stable.

**Monitor regularly:** Do discreet glucose checks before long meetings or after stressful tasks.

**Prioritise sleep:** Poor sleep raises cortisol, which disrupts blood sugar control.

**Speak up when needed:** A simple

disclosure to HR or a supervisor ensures support during emergencies.

**THE BOTTOM LINE**

Diabetes doesn’t stop someone from being productive, creative or high-performing. With the right environment, and the right habits, diabetic employees don’t just survive at work, they can truly thrive.



Diabetes and its four frontlines



**PROF. DR A.F. Khabir Uddin Ahmed**

Heart Diseases, Rheumatic Fever, Hypertension & Medicine Specialist

“Both blood sugar and cholesterol must be controlled together to truly protect the heart.”

**Looking fit is not enough for your heart**

Cardiologist Prof. Dr A.F. Khabir Uddin Ahmed warns that looking fit does not always mean being heart-healthy. “A person who only does static exercises like weightlifting may build muscle, but for cardiovascular health, movement is key,” he says. Dynamic activities like walking, running, swimming, and cycling keep the heart active and resilient.

Diabetes amplifies the danger by damaging blood vessels and increasing cholesterol buildup. “Poorly controlled blood sugar injures arteries, and unmanaged cholesterol accelerates plaque formation. Both must be controlled together to protect the heart,” Dr Khabir explains.

Another common mistake is not monitoring blood sugar levels regularly. Patients also often misunderstand diet management; they might think “eating less” is enough, but this can lead to hypoglycemia. It’s not just about eating less, but eating correctly.



**DR MARUFA MUSTARI**

Diabetes, Thyroid, Other Hormone & Medicine Specialist

“People with diabetes can eat sweets in moderation as long as they are part of a balanced diet.”

**The age of processed foods**

Dr Marufa Mustari, an endocrinologist, draws attention to how urban diets are fueling insulin resistance. “Our traditional Bangladeshi diet was once healthy—rich in fish, lentils, and vegetables. But processed foods, refined rice, and oily meals have made it high in calories and unhealthy fats, leading to weight gain and insulin resistance.”

She also clears up a common confusion: Type 1 diabetes is autoimmune and insulin-dependent, while Type 2 results from insulin resistance, often linked to lifestyle. Stress, poor sleep, and excessive screen time worsen blood sugar control, as cortisol and inactivity disrupt insulin function.

Dispelling popular myths, Dr Mustari adds, “Diabetics can eat sweets in moderation within a balanced diet. Sugar alone doesn’t cause diabetes—it’s a mix of genetics and lifestyle factors. And it’s not true that only overweight people get diabetes; anyone can.”

**On World Diabetes Day, Bangladesh’s leading specialists have delivered a unified message: diabetes is not just a “sugar problem.” It is a full-body condition that quietly affects the heart, kidneys, eyes, and the entire endocrine system. Each complication begins silently, often without obvious symptoms.**



**PROF. DR KAZI SHAHNOOR ALAM**

FCPS (Medicine) MD (Nephrology) FASN, FISN

“Early diabetic kidney disease is often silent, so routine urine and kidney function tests are essential for every diabetic.”

**Signs of early kidney damage**

Dr Kazi Shahnoor Alam, a nephrologist, explains how diabetes quietly erodes kidney function. “Initially, protein leaks through the glomeruli, the kidneys’ filters, while high blood pressure adds to the damage. Over time, filtration capacity drops permanently,” he says.

The danger lies in silence. “Early stages are symptom-free, so patients skip tests until it’s too late,” he warns. When signs do appear—foamy urine, fatigue, swelling of legs or face—they’re often dismissed as minor.

Routine check-ups are crucial: “Every diabetic should test urine albumin and serum creatinine at least once a year,” he advises. “If kidney disease is already present, tests should be done every two to three months.” A diabetic who has not yet developed kidney disease, should do the tests at least yearly to exclude protein leakage or low glomerular filtration rate (eGFR).



**DR MIRZA SHARIFUZZAMAN**

Diabetes, Thyroid & Endocrine Disorder Specialist

“Early detection and treatment of diabetic retinopathy can stop progression, though full reversal is usually not possible.”

**The unseen eye damage**

According to Dr Mirza Sharifuzzaman, diabetes damages tiny blood vessels throughout the body, including those in the retina. “When these vessels swell or leak, the retina can’t send clear images to the brain,” he says. Diabetic retinopathy is the leading cause of vision loss among diabetic patients.

The risk isn’t limited to retinopathy. “Diabetes increases the likelihood of cataracts and glaucoma,” Dr Sharifuzzaman notes. Type 2 diabetics should get an eye exam immediately upon diagnosis. For Type 1 diabetics, screening should begin within five years.

Dr Sharifuzzaman emphasises on controlling blood sugar, blood pressure, and cholesterol for delayed eye damage. A diet rich in leafy greens, fruits, whole grains, and omega-3 fats, alongside regular exercise and no smoking, can preserve vision. However he cautions, “Once vision loss occurs, it’s rarely fully reversible—but timely treatment can prevent further decline.”