

Diabetes and Hand Problems

People with diabetes know that their disease may cause foot problems and are constantly on the alert for “danger” symptoms. But virtually nobody knows that diabetes is also a common element in hand problems. Do you have numbness or tingling in your fingers? This may be a complication of diabetes. Frequently, hand problems associated with diabetes are not severe, and hence are not brought to the attention of the doctor.

Numbness or tingling in the fingers, often ignored until it becomes persistent or painful, may be caused by carpal tunnel syndrome, which is a nerve compression at the wrist. This is actually caused more by inflammation of the surrounding tendons – tendinitis – rather than a problem with the nerve itself. High blood sugar can cause tendinitis. Therefore, people with diabetes are prone to carpal tunnel syndrome.

Patients typically complain that their symptoms grow worse at night. Compression of the nerve also may lead to weakness of the thumb, which poses difficulty in many daily tasks.

The diagnosis of carpal tunnel syndrome is usually made through a careful history and physical exam of the hand and wrist, and confirmed by studies that measure the electrical conduction of the median nerve through the wrist.

Treatment initially consists of sleeping with a wrist splint and high doses of vitamin B6. Anti-inflammatories may help as well, as might a corticosteroid injection in the wrist. These treatments, however, help the symptoms, but do not cure the problem. Those with significant or persistent symptoms will require a minor surgical procedure to decompress the carpal canal and take pressure off of the median nerve. A new technique allows this to be done endoscopically through a tiny incision with local anesthesia and mild sedation. Patients can use their hand immediately after the outpatient procedure, miss only a minimal amount of work, and usually don’t need any follow-up therapy.

Another tendinitis problem that people with diabetes are prone to is called trigger finger, and is where the tendon going to the finger catches in its sheath as the person tries to extend the finger after flexing. With this condition, it can be difficult to make a tight fist, particularly upon wakening. Occasionally, triggering is severe enough that the finger locks and must be pried open with the other hand, which can cause considerable pain that radiates up the arm.

The treatment of trigger finger is simple, ranging from a corticosteroid injection to a minor surgical procedure to release the tight sheath.

People with diabetes may also notice tendinitis in the shoulder or elbow. If you have any hand, elbow, or shoulder problems, discuss them with your doctor or diabetes educator.