Progressive type 2 diabetes may cause HbA\textsubscript{1c} to increase over time\(^1\). Within the first year after basal insulin initiation, \textbf{>7 out of 10} patients using basal insulin do not reach target and may need to intensify their treatment\(^3\).

\textbf{Hypoglycaemia}  
Fear of hypoglycaemia impedes effective diabetes management\(^5\).

\textbf{Adherence}  
Patients’ perceived burden of insulin treatment can be a barrier to adherence\(^4,6\).

\textbf{The perceived burden of insulin treatment increases with the number of injections}\(^4,6\).

\textbf{Insulin intensification}  
Patients uncontrolled on basal insulin may benefit from mealtime insulin, but intensification can be challenging\(^1,3,5\).

\textbf{Hypoglycaemic episodes can lead to}\(^5\):  
- Going home from work, school or activities
- Fear of driving
- Consumption of additional food
- Modifying insulin doses

Only \textbf{15\%} of patients with type 2 diabetes tell their doctor about their hypoglycaemia at their next visit\(^5\).

\textbf{When to intensify?}  
Intensification is suggested when:  
- Significant postprandial glucose (PPG) occurs\(^1\).
- Fasting plasma glucose (FPG) is at target and HbA\textsubscript{1c} remains above patient goal after three to six months of treatment\(^1\).

\textbf{The progression of type 2 diabetes}  
Progressive type 2 diabetes may cause HbA\textsubscript{1c} to increase over time\(^1\). The percentage of patients with type 2 diabetes on basal insulin who are NOT AT HbA\textsubscript{1c} GOAL\(^2\) is \textbf{\textgreater 50\%}. Within the first year after basal insulin initiation, \textbf{\textgreater 7 out of 10} patients using basal insulin do not reach target and may need to intensify their treatment\(^3\). Only \textbf{15\%} of patients with type 2 diabetes report skipping their injections\(^6\). The perceived burden of insulin treatment can lead to intentional skipping of injections\(^6\).
Insulin intensification: maintaining glycaemic control

References


