

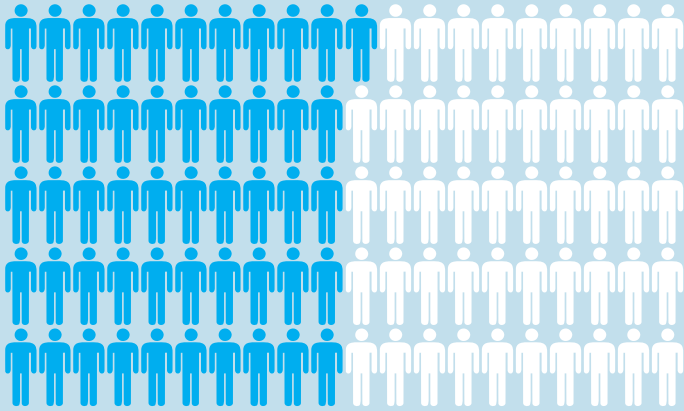
Insulin intensification: maintaining glycaemic control



The progression of type 2 diabetes

Progressive type 2 diabetes may cause HbA_{1c} to increase over time¹.

>50% of patients with type 2 diabetes on basal insulin are NOT AT HbA_{1c} GOAL*²



* HbA_{1c} goal is considered 7% or below based on ADA recommendation¹.



Within the first year after basal insulin initiation, **>7 out of 10** patients using basal insulin do not reach target and may need to intensify their treatment³.

When to intensify?

Intensification should happen when:

- Significant postprandial glucose (PPG) occurs¹.
- Fasting plasma glucose (FPG) is at target and HbA_{1c} remains above patient goal after three to six months of treatment¹.

Insulin intensification

Patients uncontrolled on basal insulin may benefit from mealtime insulin, but intensification can be challenging^{1,2,4,5}.

Hypoglycaemia

Fear of hypoglycaemia impedes effective diabetes management⁵.

Adherence

Patients' perceived burden of insulin treatment can be a barrier to adherence^{4,6}.

Hypoglycaemic episodes can lead to⁵:



Going home from work, school or activities



Fear of driving



Consumption of additional food

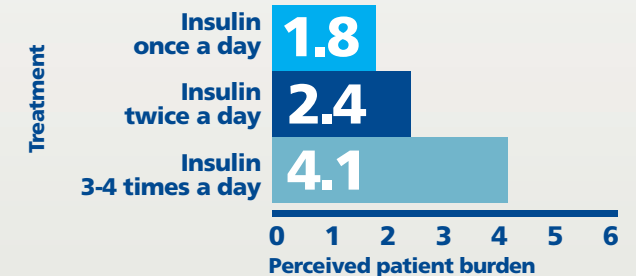


Modifying insulin doses

Only **15%** of patients with type 2 diabetes tell their doctor about their hypoglycaemia at their next visit*⁵.

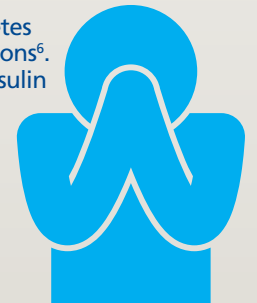
*Mild or moderate hypoglycaemia. In a study of patients with type 1 or type 2 diabetes (n=335).

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



*Ratings among patients with insulin experience are on a 0-6 scale; higher ratings reflect greater burden (0 = lowest burden, 6 = greatest burden).

57% of patients with diabetes report skipping their injections⁶. The perceived burden of insulin treatment can lead to intentional skipping of injections⁶.



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References

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- 2 Giugliano D *et al.* Efficacy of insulin analogs in achieving the haemoglobin A1c target of <7% in type 2 diabetes: meta-analysis of randomized controlled trials. *Diabetes Care.* 2011;34(2):510-517.
- 3 Holman RR *et al.* Addition of biphasic, prandial, or basal insulin to oral therapy in type 2 diabetes. *N Engl J Med.* 2007;357(17):1716-1730.
- 4 Vijan S *et al.* Brief report: the burden of diabetes therapy implications for the design of effective patient-centred treatment regimens. *J Gen Intern Med.* 2005;20(5):479-482.
- 5 Leiter LA *et al.* Assessment of the impact of fear of hypoglycaemic episodes on glycemic and hypoglycemic management. *Can J Diabetes.* 2005;29(3):186-192.
- 6 Peyrot M *et al.* Correlates of insulin injection omission. *Diabetes Care.* 2010;33(2):240-245.