

Human Insulin in Type 2 Diabetes 10 July 2013 at CLAYTON

Start Insulin if raised HBA1C in spite of good lifestyle control or if surgery needed or osmotic problems

Benefits fewer complications Risks hypos weight gain

Start with basal only, later bd or change to premix or add short acting

Choices

NPH Humulin I Insulatard Insuman Basal

Analogue Lantus Levemir Tresiba [new]

Analogue vs NPH : 50% fewer hypos at night with analogue

No point in prescribing analogue if not aiming for tight control as no difference in number of severe hypos

Continue MF +- SU as well unless hypos

Nice CG87 2009 Start with basal then go to bd premix

SIGN clearer Start with basal check am glucose if HBA1C still up add rapid acting prandial. Only use analogue basal if lots of nocturnal hypos

NPH 50% cost of analogue

Premixes

Humulin M3 Insuman Comb 25

Analogue Humalog Mix 25 and 50 Novomix 30

Insulin not first choice if inadequate oral therapy or elderly or very overweight

Basal Insulin Start self monitoring of glucose then start with 10 units increase every 3 days by 2-4 units until morning sugar 5

Can continue MF and SU

BD Premix If post prandial sugars very high [as well as high morning sugar]

Continue MF may have to stop SU

OD or BD Start 10 units increase 2 at a time

Test pre breakfast and at various times through the day

If hypo occurs reduce Insulin by 20% and start again

Some meters read plasma and some blood glucose blood glucose 1mmol higher so 4 with plasma = 5 with blood

More complex regimes use Prandial Insulins as well as basal or premix

Human Humulin S Actrapid Insuman Rapid

Analogue Novarapid Humalog Apidra