*MEDIA BACKGROUNDER*
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# Insulin intensification: maintaining glycaemic control

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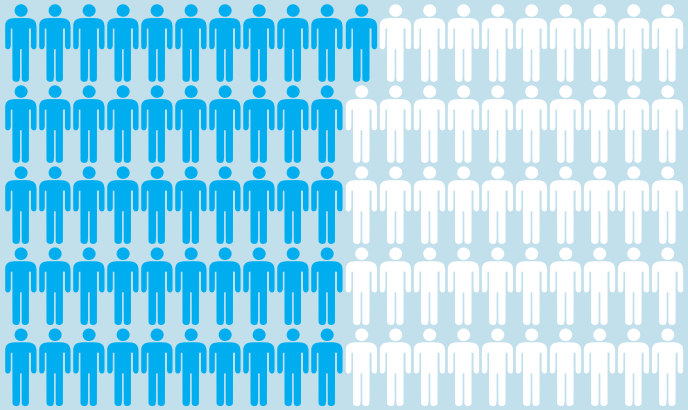
## The progression of type 2 diabetes

Progressive type 2 diabetes may cause $HbA_{1c}$ to increase over time[1].

**>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 recommendation[1].*


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 treatment[3].

## When to intensify?

**Intensification is suggested when:**

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

## 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 management[5].

### Adherence

Patients' perceived burden of insulin treatment can be a barrier to adherence[4,6].

**Hypoglycaemic episodes can lead to[5]:**

**Going home from work, school or activities**

**Fear of driving**

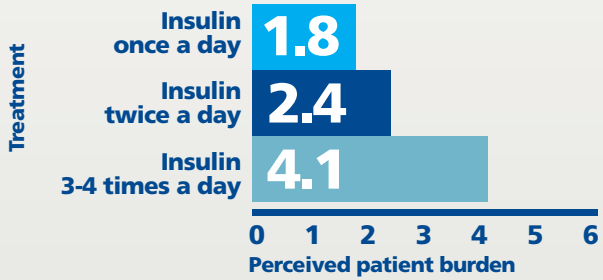
**Consumption of additional food**

**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 injections[6]. The perceived burden of insulin treatment can lead to intentional skipping of injections[6].

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## References

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