American Diabetes Association®

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Your visual guide to the guidelines

Learn more about therapeutic inertia

Insulin Deintensification in Type 2 Diabetes

When?

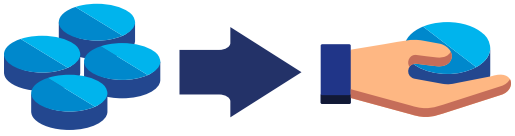
Change in Goals of Care

or Limited Life Expectancy

Recurrent Hypoglycemia

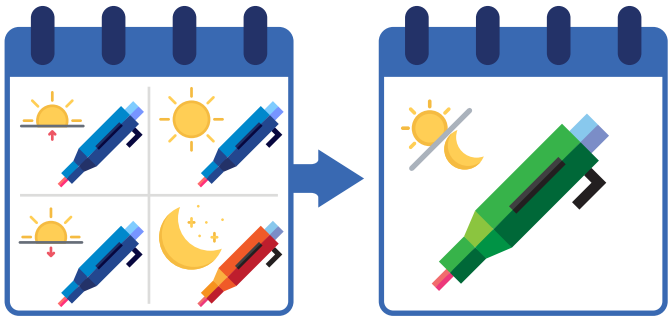
Difficulty Following Treatment Regimen

How?



Decrease Medication Dosing

Loosen Glycemic Targets



Decrease Frequency of Medication Administration

Always use clinical judgment when caring for people with diabetes.

Learn more at therapeuticinertia.diabetes.org | 1-800-DIABETES (1-800-342-2383)

Supported in part by Overcoming Theraputic Inertia initiative — American Diabetes Association (ADA)®

This infographic is based on recommendations from the ADA's *Standards of Medical Care in Diabetes—2022*

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Insulin Intensification in Type 2 Diabetes

Titrate Basal Insulin to Patient Specific Target

Self titration basal analog or night time Neutral Protamine Hagedorn (NPH) insulin

- Set target fasting blood glucose
- Provide titration parameters: e.g. +/- 2 units every 3 days if above/below target
- Watch for hypoglycemia: Identify cause and adjust insulin accordingly

If A1C Remains Above Target, Intensify Prandial Therapy

Intensification

Add GLP-1 ra Agent (if not already on it)

Prandial insulin

Initiation
-Largest meal
-4 units or 10% basal
-If A1c <8% reduce basal by 4 units of 10%

Titration
- ↑ 1-2 units or 10-15% twice weekly
-Hypoglycemia: ↓ 10-20% corresponding dose

A1C above target

Stepwise prandial insulin

Basal bolus regimen

If on nightly NPH: Switch to BID* NPH

Initiation
- Dose = 80% of current
- 2/3 AM, 1/3 HS

Titration
- Based on individual needs

A1C above target

BID* Mixed Insulin

Self-mixed

Pre-mixed

REASSESS AND MODIFY TREATMENT REGULARLY EVERY **3–6 MONTHS**

Avoid Excess Basal Doses (Overbasalization)

Signs of overbasalization

Basal dose >0.5 units/kg

Increase a.m., p.m., or pre/post meal differential

Hypoglycemia

Increase variability

*BID: twice daily

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Insulin Initiation in Type 2 Diabetes

When to Initiate Insulin

Severe hyperglycemia

Not at target despite maximal non-insulin therapy

REASSESS AND MODIFY TREATMENT REGULARLY **3–6** MONTHS

Benefits of Basal Insulin Therapy

Convenient once daily dosing

Cost

Adjunct to current therapy

Safety

Effective at lowering A1C & fasting glucose

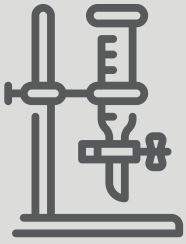
The Options of Basal Insulin

Basal Analog

Neutral Protamine Hargedorn (NPH)

Starting dose (basal analog or NPH)
10 units or 0.1–0.2 units/kg

Self titration: use an evidence-based algorithm
Set target fasting blood glucose
Determine titration parameters
Watch for hypoglycemia, identify cause and adjust accordingly



Parameter examples:
>Target: +2 units every 3 days
<Target: -2 Units
Unexplained hypoglycemia: 10–20% reduction

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Simplifyling Your Diabetes Treatment Plan

When?

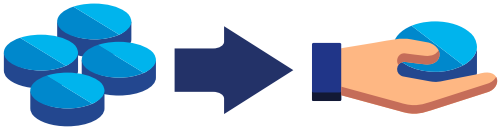
Difficulty following treatment plan

Frequent low blood glucose

Health conditions that may change

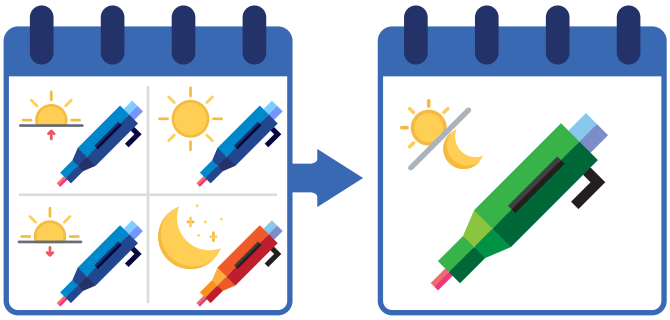
your treatment goals

How?



Your clinician may decrease your medication dosing

Your clinician may loosen your glucose targets



Your clinician may decrease the frequency of your medication administration

Discuss your treatment plan with you health care team.
Changes to your regimen must occur under the supervision of medical professionals.

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Insulin Is an Important Medication for People with Type 2 Diabetes

Why do many people with type 2 diabetes need insulin?

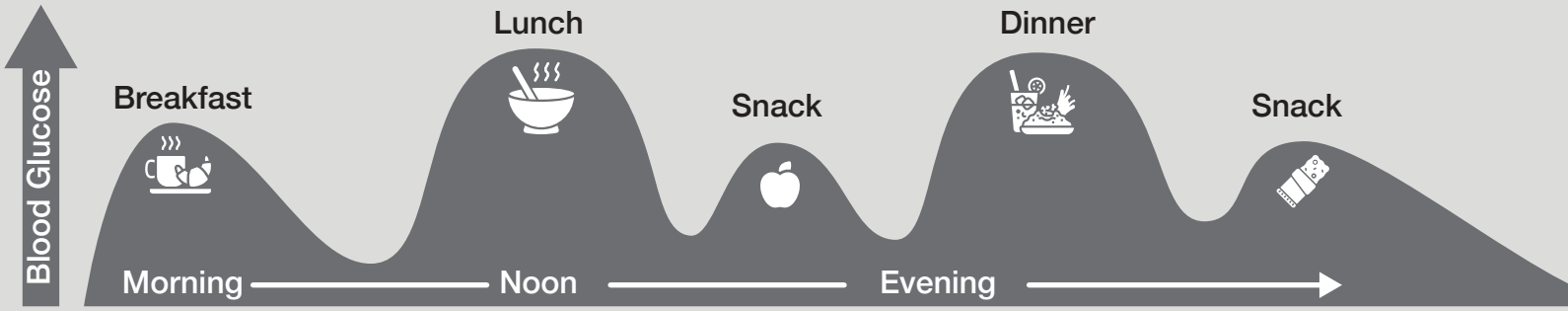
- Over time, other diabetes medications can become less effective
- Over time, bodies of people with type 2 diabetes may have a lower ability to make insulin

Initially, most patients are started on long-acting (or basal) insulin.

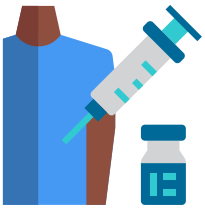
Basal insulin can:

- Be added to other diabetes medications you are already taking
- Be taken once daily (depending on the type of insulin you and your health care provider decide on)
- Improve your blood glucose

People living with type 2 diabetes may also need mealtime insulin if they experience large spikes in their blood glucose after meals.



Your healthcare provider will educate you on appropriate insulin use.



Proper Injection Technique

Glucose Monitoring

Diet/Nutrition

Recognition and Treatment of Hypoglycemia

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