

## *Insulin Therapy: The Question This Issue*

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Note: The goal of this section of *Insulin* is to provide answers to frequently asked questions regarding insulin therapy in diabetes. Readers are encouraged to submit their own questions by visiting [www.InsulinJournal.com](http://www.InsulinJournal.com) or by e-mailing [insulin@elsevier.com](mailto:insulin@elsevier.com). One or more questions will be addressed each issue.

### **QUESTION:**

I am a 65-year-old man and have had type 2 diabetes mellitus (DM) for several years. My blood glucose level ranges from 150 to 350 mg/dL. Should I take insulin?

### **ANSWER:**

The answer to this question depends on your current blood glucose level, your glycosylated hemoglobin (A1C) level, and the medications that you are taking. If you are already taking 2 or more oral medications for your diabetes and you still have trouble controlling your blood glucose level, you may need to start taking insulin.

Here are some general points regarding use of insulin in patients with type 2 DM:

- Insulin therapy is normal, or physiologic, hormone-replacement therapy. It replenishes a hormone that is deficient in patients with diabetes, just like thyroid hormone is replenished in patients with an underactive thyroid gland.
- Most patients with diabetes will need insulin therapy at some point in their life.
- Most patients and physicians delay insulin therapy too long. As a result, many patients have poor control of their diabetes and face the dreaded complications of this disease, such as eye damage, kidney damage, foot ulcers, and amputations.
- The American Diabetes Association recommends insulin therapy as one treatment option when treatment with metformin alone has failed to provide adequate glycemic control.
- Insulin is the most powerful agent available to control blood glucose levels; it is the only agent that can decrease the A1C level by >2% on average.
- Insulin therapy has become much easier for patients with the advent of insulin pens.
- Insulin therapy has become much safer for patients, with little risk of low blood glucose levels (hypoglycemia) or weight gain, using the newer insulin analogues.

**Disclaimer:** The information provided here is general guidance, not medical advice. Be sure to talk to your own physician or health care professional before changing your therapy.