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[Diabetes Metab.](#) 2001 Nov;27(5 Pt 3):S15-22.

[Present and future of insulin therapy in type 2 diabetic patients].

[Article in French]

[Charbonnel B](#), [Sauvanet JP](#).

Service d'Endocrinologie, Hôtel-Dieu, 44093 Nantes. Bernard.Charbonnel@sante.univ-nantes.fr

### **Abstract**

Type 2 diabetes natural history and progressive deterioration requires a therapeutic approach starting with diet and physical activity changes, then associated with pharmacological interventions (monotherapy, then multiple therapy). When oral anti-diabetics at optimal dosage have failed to maintain good diabetic control (HbA1c 6.5% Pounds), insulin treatment has to be considered and should be used when diabetic controls remain poor (HbA1c > 8%). The most adequate insulin regimen are bedtime NPH associated or not with oral anti-diabetics, or alternatively 2 daily injections (morning and evening) of intermediate insulin. Intensive insulin (3 daily injections or more), and particularly the use of short-acting analogues is an effective regimen when bedtime or conventional regimen have failed. Insulin glargin could be an interesting alternative to bedtime NPH but needs further data in type 2 diabetes. Insulin treatment has to be initiated with an adequate patient (and family) education. Glycaemic objectives (fasting blood glucose and HbA1c) should be regularly assessed and adapted taking into consideration diabetic control, clinical effects and safety assessments (weight gain, hypoglycaemic events...).

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