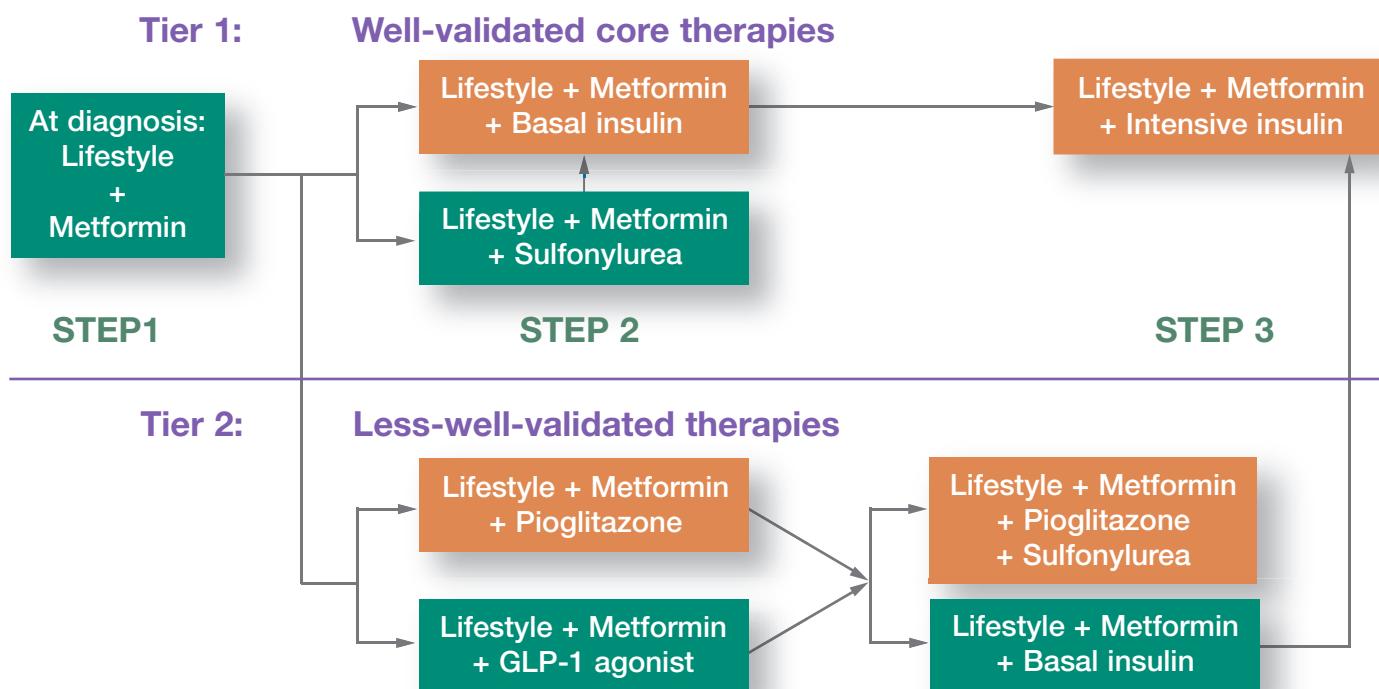


2008 ADA/EASD Consensus Statement Recommends Timely Use of Insulin, as One Approach, for Patients Who Are Not at Their A1C Goal

ADA/EASD Consensus Statement provides strategies for management of type 2 diabetes



EASD=European Association for the Study of Diabetes. Adapted from Nathan et al.¹

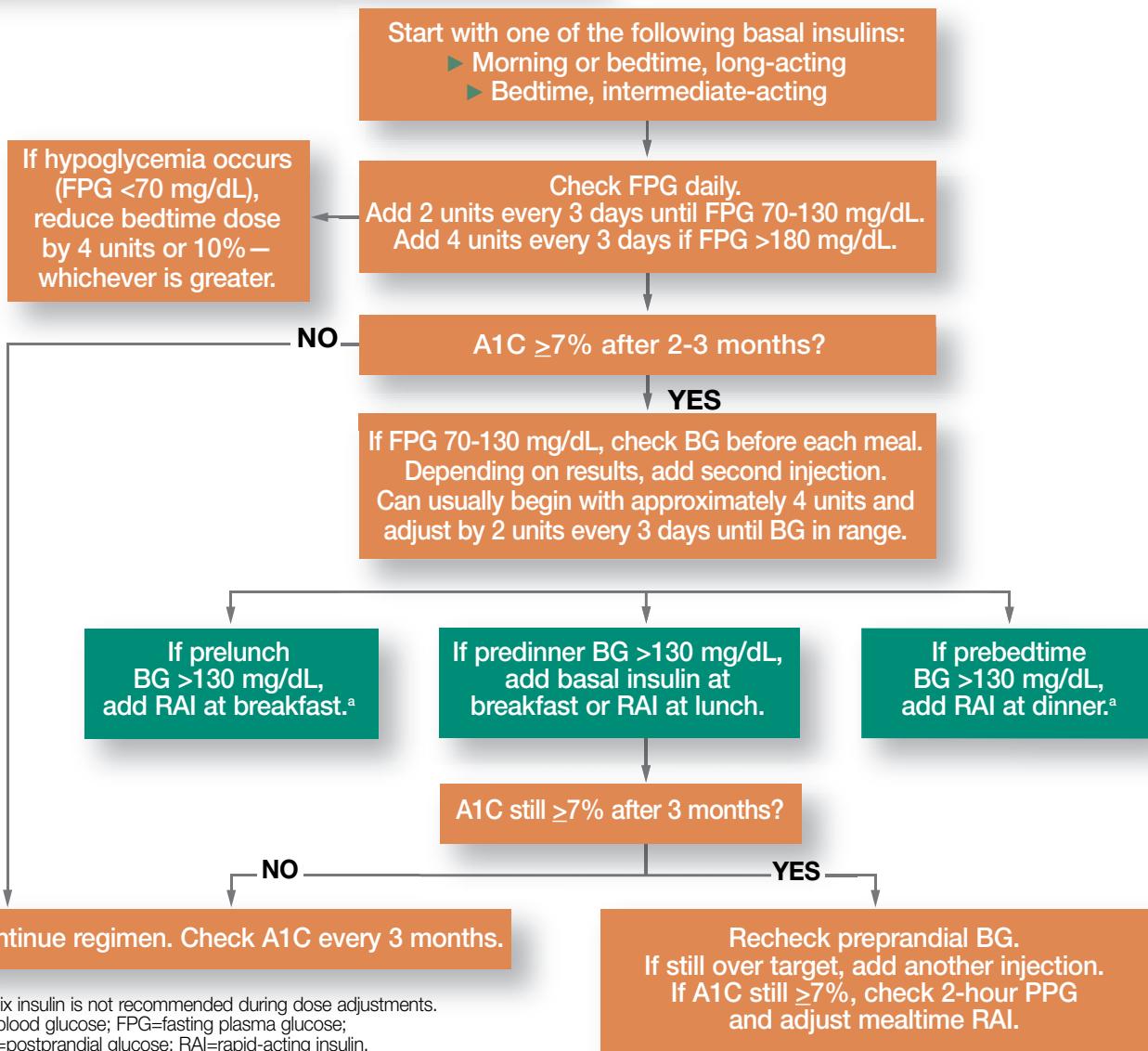
- The goal of all interventions is to achieve and maintain glycemic levels within or as close as possible to the normoglycemic range
- Lifestyle intervention and metformin should be the first step in the treatment of new-onset type 2 diabetes
- Reinforce lifestyle interventions at every visit. Check A1C every 3 months until A1C is <7% and then at least every 6 months
- For patients with type 2 diabetes who do not meet glycemic goal after 2 to 3 months with metformin and lifestyle intervention alone, adding basal insulin can be considered as one option
- Initiate basal insulin with 10 units or 0.2 units/kg and titrate until fasting levels are consistently within target range

IMPORTANT SAFETY INFORMATION FOR INSULIN

Possible side effects may include blood sugar levels that are too low, injection site reactions, and allergic reactions, including itching and rash. Tell your doctor about all other medicines and supplements you are taking because they could change the way insulin works. The desired blood glucose levels as well as the doses and timing of antidiabetes medications must be determined individually. Glucose monitoring is recommended for all patients with diabetes.

ADA Recommendation for Starting and Adjusting Insulin

When initiated and titrated correctly, insulin can help maintain tight glycemic control



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Reference: 1. Nathan DM, Buse JB, Davidson MB, et al. Medical management of hyperglycemia in type 2 diabetes: a consensus algorithm for the initiation and adjustment of therapy: a consensus statement of the American Diabetes Association and the European Association for the Study of Diabetes. *Diabetes Care*. 2009;32(1):193-203.

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Diabetes