

Managing your type 2 diabetes with insulin

A guide to how insulin may help you reach the diabetes goals you've set with your health care professional.

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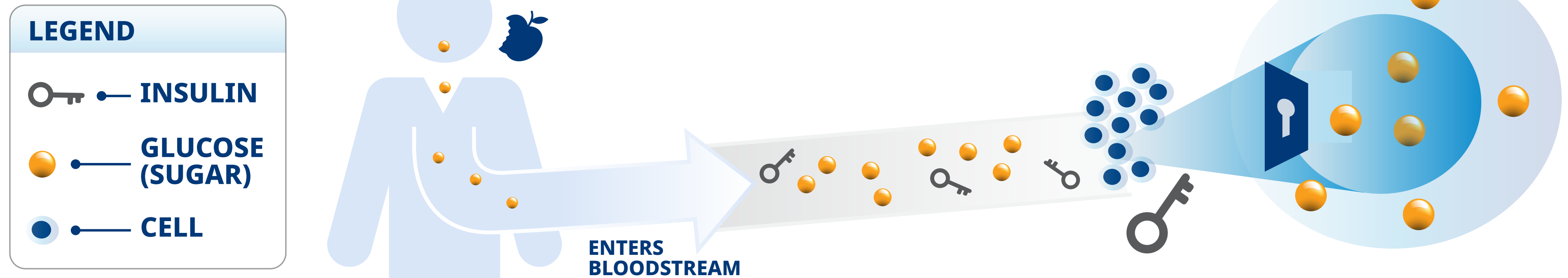


Actor portrayals.



Diabetes: a quick review

Diabetes: a quick review
Managing diabetes is important
Living with type 2 diabetes?
You are not alone!



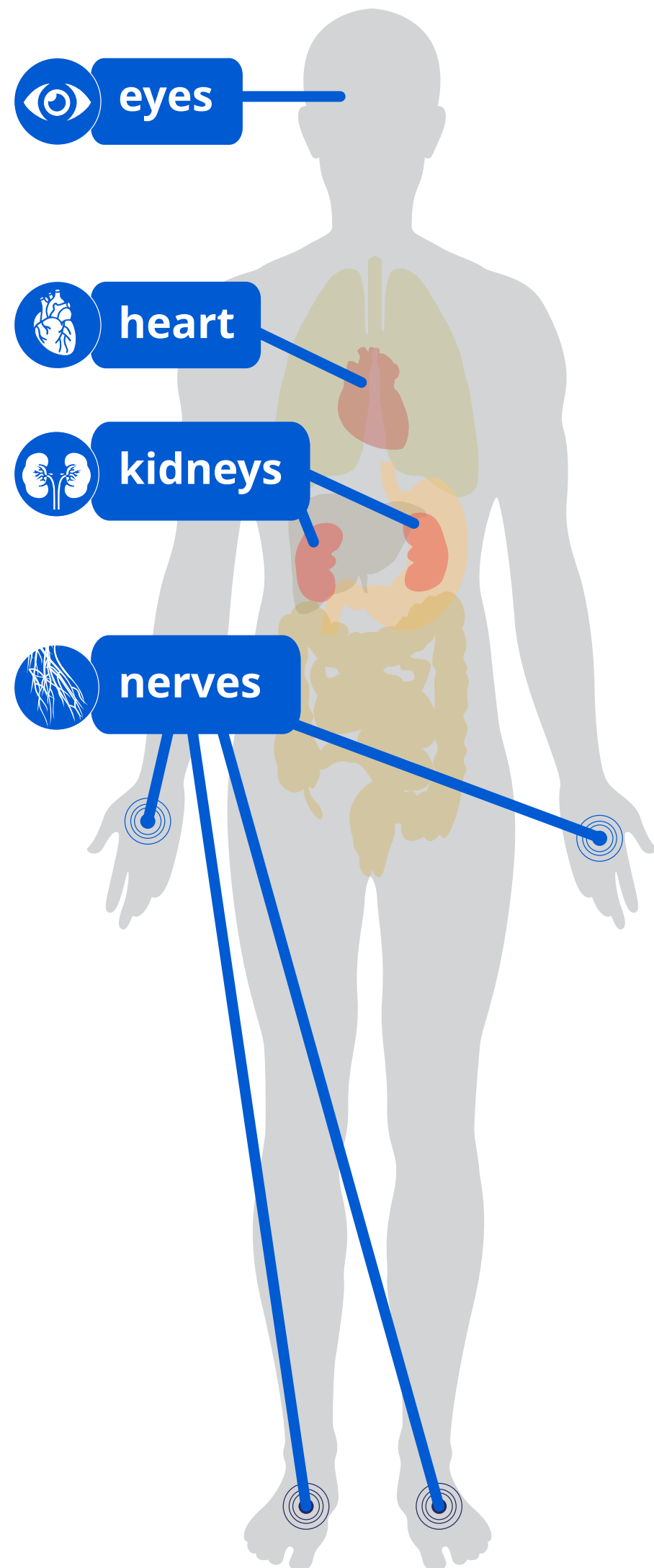
What is diabetes?

Diabetes is a condition where your body doesn't make enough insulin, makes no insulin at all, or doesn't respond to insulin properly.

What is insulin and how is it used in the body?

- The insulin your body makes naturally is a hormone that helps the body use glucose
- The body turns the food you eat into glucose
- As blood glucose rises, the body releases more insulin

Managing diabetes is important



| Uncontrolled diabetes may lead to other related health problems.

- When you have high blood glucose (sugar) for a long time, you have a greater risk of developing **diabetes-related problems** (also called “complications”)
- These may include complications that affect:
 - Heart (cardiovascular disease)
 - Nerves (neuropathy)
 - Eyes (retinopathy)
 - Kidneys (nephropathy)

| Managing the long-term risks of diabetes:

The long-term damage that diabetes can cause may not show up for several years. Even then, the signs may be so small that you don’t notice them.

It’s important to understand your risks with diabetes and its long-term complications. Talk to your health care professional about what this means for you.

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38.4 million people in the United States have diabetes.

And the number is growing. This number includes both type 1 and type 2 diabetes.

Diabetes is a global epidemic:

It's estimated that **578 million** people worldwide will have diabetes by 2030.

A1C and other blood glucose (sugar) measurements

A1C is the **primary tool** and **most widely accepted** blood glucose measurement. The test measures average blood glucose levels over the past 2 to 3 months and may give you an idea of how well your overall diabetes care plan is working.

FPG is your “fasting plasma glucose,” or your blood glucose when you have been “**fasting**” (not eating, or drinking, except for water) for at least 8 hours. Typically, you check this in the morning when you wake up.

TIR is “Time in Range.” This is the amount of time you spend in your target blood glucose range. For most people, this is between 70 and 180 mg/dL.^a

^aTalk to your health care professional about what your personal blood glucose goals should be.



Remember:

Blood glucose rises right after eating, so check your blood glucose regularly before and after meals to see how certain foods affect your levels.

A1C and other blood glucose (sugar) measurements

Reaching and staying at A1C goal may be a challenge

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Even if you have been trying to do everything you can to manage your diabetes, you may find that you are no longer reaching your A1C goal.

Diabetes changes over time and may get more difficult to manage.

Getting your blood glucose under control is the goal of your diabetes care plan and may also reduce the risk of some diabetes-related problems.

In fact, the American Diabetes Association says that lowering your A1C to less than 7% may help reduce the risk of some diabetes-related complications.^a

How your A1C and blood glucose are related

A1C Levels	Estimated Average Blood Sugar
10%	240 mg/dL
9.5%	226 mg/dL
9%	212 mg/dL
8.5%	197 mg/dL
8%	183 mg/dL
7.5%	169 mg/dL
7%	154 mg/dL
6.5%	140 mg/dL
6%	126 mg/dL

The American Diabetes Association recommends an A1C of less than 7% for many nonpregnant adults.^a

^aYour A1C goal may be higher or lower than the ADA recommends. Ask your health care professional for your specific goal.

A1C and other blood glucose (sugar) measurements

Reaching and staying at A1C goal may be a challenge

Changes are a normal part of diabetes

Diabetes changes over time and your medicine may need to change, too.

- You may have started out treating your diabetes with lifestyle changes (diet and physical activity) and pills (oral antidiabetic medications, eg, metformin)
- You may get to a point where diabetes pills don't adequately manage your diabetes. If so, you may be prescribed some types of insulin such as a long-acting (basal) insulin in the morning/night with or without bolus (rapid or short-acting) insulin around meals
- Many people with type 2 diabetes currently taking long-acting (basal) insulin may need additional control at mealtimes^a

^aTalk to your health care professional about how insulin may help you achieve your blood glucose (sugar) goals.



Types of insulin

Changes are a normal part of diabetes

You may need 2 types of insulin to help reach your A1C goal

Could long-acting (basal) insulin help you reach your goals?

Could mealtime insulin help you reach your goals?

High blood glucose (sugar) after you eat

Take your insulin as directed

You may need 2 types of insulin to help reach your A1C goal^a

Starting insulin may feel overwhelming, but it's the most natural and effective treatment for diabetes.

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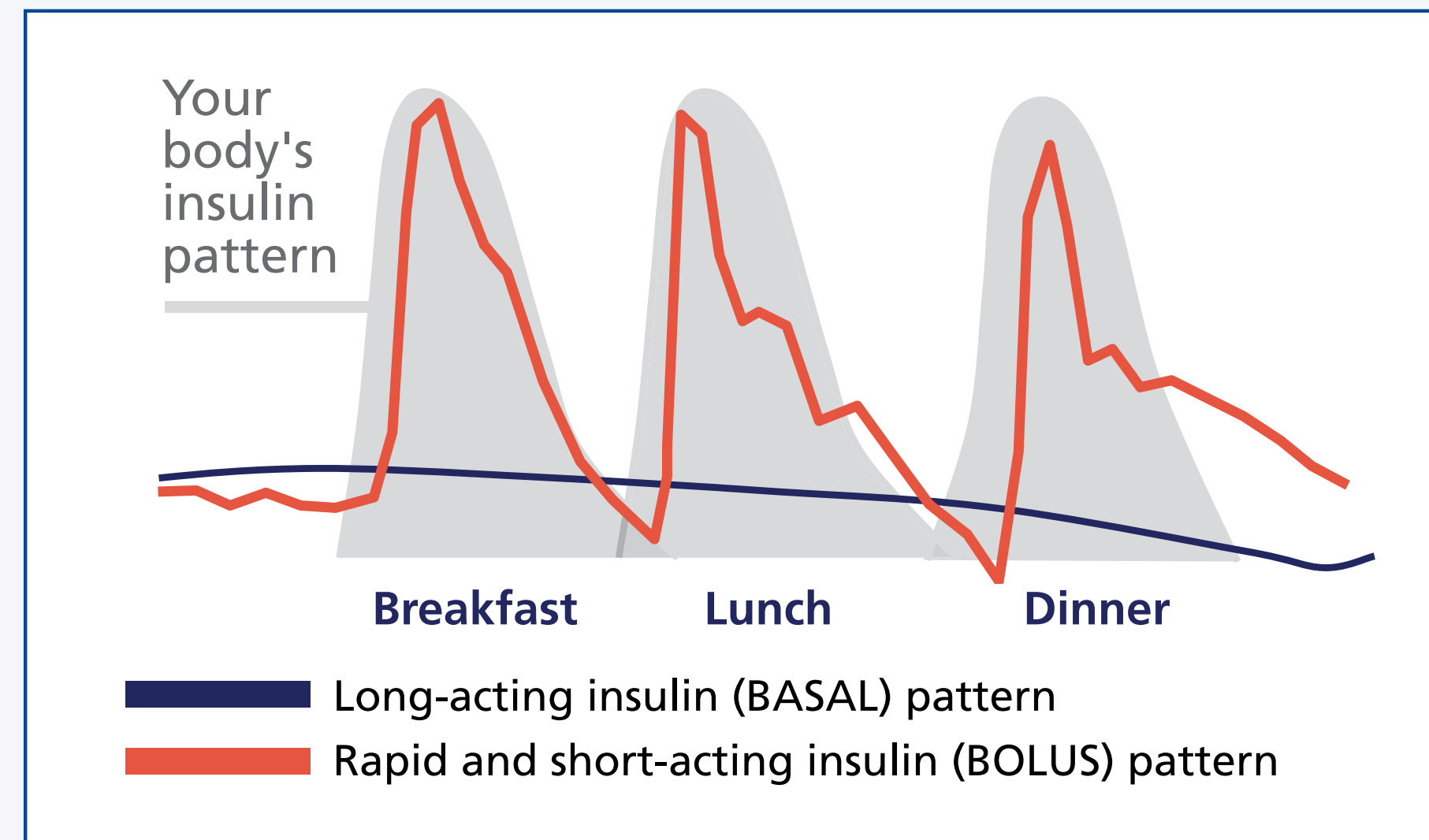
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Insulin therapy mimics the body's normal insulin patterns throughout the day.



Long-acting insulin (basal):

Insulin that is taken once daily and absorbed slowly to mimic the body's natural release of insulin and provide even blood glucose (sugar) control.

Mealtime insulin (bolus):

Known as rapid and short-acting insulin because it helps control blood glucose spikes caused by eating.

Basal-Bolus:

A treatment regimen **that acts like the body's normal insulin patterns throughout the day** by using both long-acting and rapid or short-acting insulin together.

^aTalk to your health care professional about how insulin may help you achieve your A1C goals.

Could long-acting (basal) insulin help you reach your goals?^a

Because diabetes changes over time, your medication may have to as well.

You may be ready for long-acting (basal) insulin if:

- Your diabetes medication is no longer helping you reach your blood glucose and A1C goals
- Your body doesn't respond well to your naturally occurring insulin
- Your body doesn't produce enough or any insulin



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Diabetes is a progressive condition

It's important not to feel defeated by changing conditions that may need a medication change. Remember, you have options and long-acting (basal) insulin may be a solution to help you manage your blood glucose.

^aTalk to your health care professional about how insulin may help you achieve your blood glucose goals.

Could mealtime insulin help you reach your goals?^a

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It may, if you are taking long-acting insulin and are either:

- At your fasting blood glucose goal, but not reaching your A1C goal
- Your long-acting (basal) insulin dose is greater than 0.5 units/kg/day of your body weight



Actor portrayals.

It may be time to make a change. And you are not alone!

If long-acting (basal) insulin isn't helping you reach your target A1C goal,^a mealtime insulin may be prescribed.

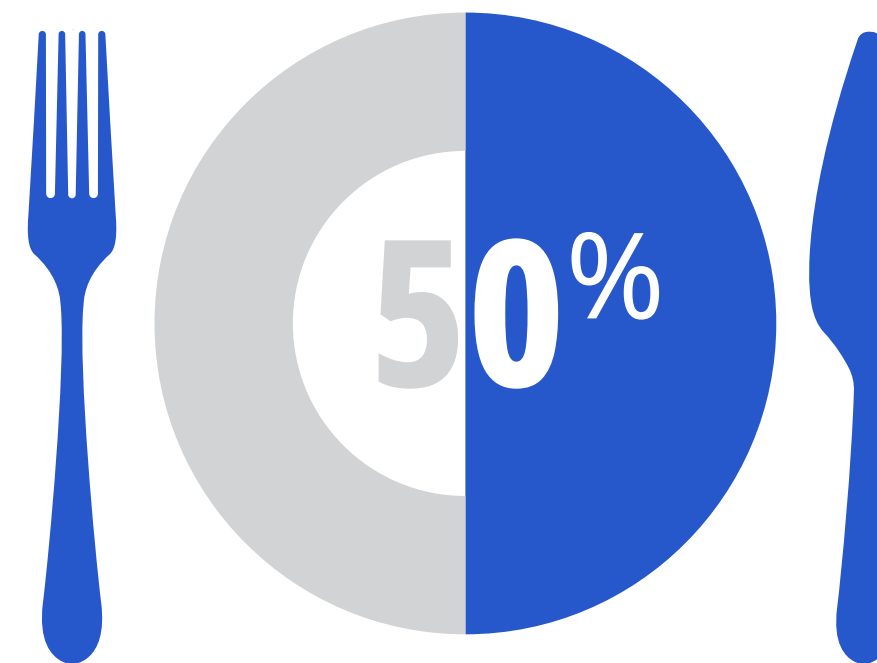
Adding more insulin over time does not mean failure. Think of it as another way to manage your diabetes and meet your A1C goal.

^aTalk to your health care professional about how insulin may help you achieve your blood glucose (sugar) goals.

High blood glucose (sugar) after you eat

Your blood glucose rises after eating.

Assuming you eat 3 meals a day, you can spend up to 12 hours, or 50% of your day, with higher-than-normal blood glucose.



In basal-bolus therapy, up to 50% or more of your daily insulin may eventually be rapid or short-acting, therefore:

- Your diabetes care team may need to add rapid or short-acting insulin to 1 or more meals
- Or adjust your basal-to-bolus insulin ratio to help you reach your goals



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Take your insulin as directed

Getting results involves taking your medicine as prescribed.

Tips for taking mealtime insulin:

-  Keep your insulin in the kitchen (refer to each product's storage information)
-  Carry your pen and needles, or vial and syringe, with you at all times
-  Set reminders and/or alarms on your cell phone, or write them in a planner

Tips for taking long-acting insulin:

-  Pair your injection with a daily habit like brushing your teeth or drinking your morning coffee
-  Set reminders on your smartwatch, cell phone, or with a digital assistant
-  Ask a family member or friend to help you remember or check in with you

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Looking for additional support?
[Sign up^a](#) for a Diabetes Health Coach^b today

^aBy clicking the link above, you are leaving the NovoCare® website

^bEligible for commercially insured patients only. Not available to patients with Medicare or without commercial insurance.

Starting insulin is a big step

Here are some common concerns and answers that may help you better understand the changes in your care plan.



Starting insulin is a big step
Measuring results with insulin
Find the support you need

“I don’t want to have to change my life to fit my insulin!”

- With help from your HCP, your insulin dose may be adjusted and tailored to your activity and eating patterns

“I stopped taking my insulin because I feel noticeably better.”

- Even if you feel better, you should not just stop taking your insulin. Insulin is an ongoing treatment; it is not a quick fix or a cure. Talk to your health care professional about your individual treatment routine

“I only take my insulin when I feel sick.”

- Some medicines are given to you only when you feel sick, while other types of medicines should be taken regularly. However, insulin needs to be taken only as prescribed for it to help safely and effectively manage your diabetes. You cannot always tell whether your blood glucose (sugar) is high or not, so it’s important to continue to check your blood glucose, take your insulin as prescribed, and speak with your health care professional about any questions or concerns you may have

“I’m worried about low blood sugar.”

- Low blood glucose is a possible side effect of all insulin, and even some non-insulin medicines. Taking your insulin as prescribed is the best way to help manage your blood glucose



Measuring results with insulin



Starting insulin is a big step

Measuring results with insulin

Find the support you need

Be patient and keep at it—diabetes management is a marathon, not a sprint!

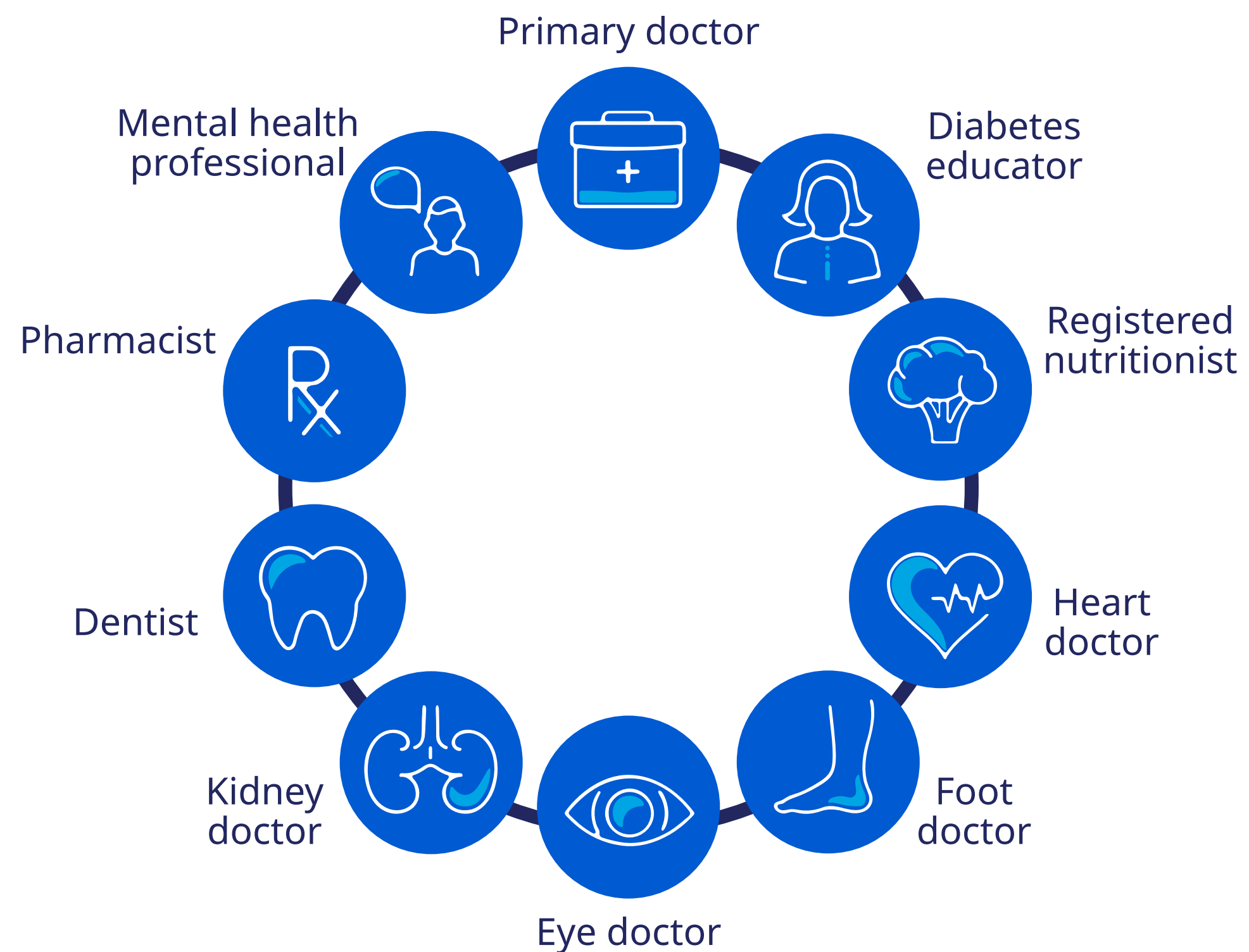
Insulin is not a quick fix or a temporary solution; even after your A1C improves, you will still need to take your insulin and other medications to stay at goal.

Changing your A1C will probably take longer—think of it as a snapshot of your blood glucose (sugar) control over the last 2 to 3 months.



Find the support you need

Work closely with the members of your diabetes care team, which may include your:



Involve your family and friends.

Click below for helpful tips on how your family and friends may help you manage your diabetes.

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