

It's time to think about starting insulin

This leaflet gives you information on why it may be important to consider using insulin to treat your type 2 diabetes.

What is type 2 diabetes?

Type 2 diabetes develops when your body cannot make enough insulin, or when your insulin does not work properly (known as 'insulin resistance'). Type 2 diabetes can cause a number of problems, one of which is to increase blood sugar (also called 'blood glucose') levels.

Why do I need to control my blood glucose levels?

Problems like heart attack and stroke, blindness, kidney failure, foot ulcers and (for men) impotence can be caused by increased levels of blood glucose, but these can take many years to happen. Keeping blood glucose levels in control is the best way to reduce your risk of these problems. The healthy range for your blood glucose is around 4 to 8 mmol/L.



You may also be familiar with your HbA_{1c} (glycated haemoglobin) test, this shows the average of your blood glucose over the past 10–12 weeks. Usually the target level for this is around 7% or lower.

I already take tablets.

Why do I need an insulin injection?

Diabetes tablets, along with healthy eating and regular exercise, may be all that you need to keep your blood glucose controlled for many years. But your type 2 diabetes will eventually get worse over time and your body will gradually make less insulin. Sometimes insulin production falls quite quickly. About half of the people with type 2 diabetes will have this happen in 10 years or less.

Diabetes tablets (the ones that control your blood sugar) need some of your own insulin to work. If you are no longer making enough of your own insulin these tablets won't work properly. The best way to continue to control your blood glucose level may be to start an insulin injection, sometimes with tablets as well.

What are the advantages of using insulin early?

There are many advantages to using insulin early in those who don't achieve their HbA_{1c} goal. These include:

- preserving your cells that make insulin so that tablets will be useful for longer
- using a small amount of insulin (if using it with tablets) may control your blood glucose levels better than adding further tablets
- stopping or delaying your blood glucose levels slowly creeping up over time.



How do I take insulin?

Insulin is given as an injection just under the skin. While it might sound frightening, modern insulin delivery devices have very small needles and injecting insulin is much easier and less painful than you might think.

There are different types of insulin, some have a longer effect than others. Most people with type 2 diabetes who start insulin injections need a single injection at bedtime along with their tablets.

Some common myths and facts about using insulin in type 2 diabetes

Myth: I haven't managed my diabetes well.

Fact: Because type 2 diabetes gets worse with time, eventually your body will not be able to keep up with your need for insulin — no matter how well you've managed your diabetes. When tablets, healthy eating and exercise no longer keep your blood glucose between 4 to 8 mmol/L, insulin is often the next logical step.

Myth: Insulin injections are painful

Fact: Although no one likes injections, most people are surprised by how little an insulin injection just under the skin hurts. Insulin does not "sting" going in, and the needles are small and thin. Most people find that it is less painful than the lancet (finger pricker) they use to monitor their blood glucose level.

Myth: Insulin will increase my weight

Fact: It is true that insulin can make you hungrier. However you can keep your weight gain to a minimum by regular exercise and a healthy eating plan. A dietician or diabetes educator can help you reduce this risk.

Myth: Insulin often causes low blood glucose levels ('hypos')

Fact: It is true that insulin can result in low blood glucose levels, but it is rare for people with type 2 diabetes to "pass out" from low blood glucose. You can prevent this by regularly monitoring your blood glucose, by continuing tablets with insulin, by not missing meals, by not performing unplanned exercise and by only having your insulin dose increased slowly. You can learn how to prevent, recognise and treat a hypo.

Myth: Using insulin means that my life will change

Fact: Many people find that they have more energy, have more flexibility in their schedule and feel more positive about themselves after starting insulin. You can still go on holidays, eat out at restaurants and do everything that you enjoyed doing before starting insulin. Some physical activities may require a little planning.

Questions to ask yourself and discuss with your GP.

If you are considering insulin or your GP has suggested it to you, ask yourself the following questions to help you get ready for your next visit.

- Do I understand all aspects of my diabetes management including giving up smoking, healthy eating and physical activity?
- How well am I controlling my blood glucose?
- What is my biggest fear about using insulin?
- What problems do I think I will face?
- What is the most positive thing about insulin therapy for me?
- How confident am I that I can manage insulin?
- How will insulin affect my lifestyle – e.g. physical activity, food intake, workplace, driving?

Where can I find more information?

For information about medicines, call NPS Medicines Line 1300 888 763 (free call 9 am to 5 pm, weekdays).

Diabetes Australia State and Territory organisations provide useful information about type 2 diabetes and its medicines.

For further information ring 1300 136 588 or visit the website

(www.diabetesaustralia.com.au).

Websites provide general information. Always discuss any specific questions or concerns regarding using insulin in type 2 diabetes with your doctor, diabetes educator or pharmacist.



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