

Starting insulin in type 2 diabetes

RSS Diabetes Service

Type 2 diabetes results from a combination of insulin resistance and insulin deficiency. 'Insulin resistance' means that the action of the insulin is less effective. 'Insulin deficiency' means that the pancreas is not making enough insulin for what your body requires. Type 2 diabetes is a progressive condition and treatment changes are required to keep your blood glucose in target.

Why start insulin?

There are many different types of diabetes medications available. Diabetes tablets stimulate the body to make more insulin or make better use of the insulin it produces. The type of diabetes tablet and dose can change and two or more different types of diabetes tablets can be combined.

Over time, the amount of insulin the pancreas can make declines. Starting insulin does not mean you have failed, it just means that your body is not making enough of its own insulin and needs to be 'topped up'.

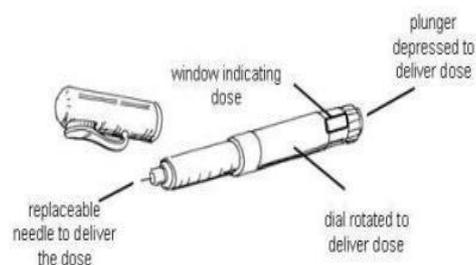
Starting insulin will assist you to bring your blood glucose levels back into your target range and will reduce your risk of diabetes complications.

How is insulin given?

Insulin can only be given by injection. Using a very short thin needle, insulin is injected into the fatty layer under the skin of the abdomen.

Most people choose to use an insulin pen device which can be either reusable or disposable.

Your credentialled diabetes educator can show you the different devices and help choose the best one for you.



When is insulin given?

The type of insulin will depend on your blood glucose levels and your individual situation. Some people will start with one injection per day while others may start on two or even three injections per day.

Are there any side effects?

Insulin is used to lower your blood glucose and sometimes can cause the blood glucose to go too low (hypoglycaemia). Talk to your credentialled diabetes educator about a 'hypo action plan'. Insulin can also increase your weight. Monitoring your food choices and being active each day will assist to minimise this. A dietitian can also help you.

What about my diabetes tablets?

Some diabetes tablets will be continued and some will not. Your doctor or credentialed diabetes educator will explain your treatment options and what is best for you.

Supply and storage of insulin

Insulin is only available on prescription. Always check that you have been given the correct type of insulin. Check the type and expiry date before leaving the pharmacy. Keep at least 3 days' worth of insulin at home to reduce risk of running out unexpectedly.

Insulin in use can be stored at room temperature (not in fridge) and away from direct sunlight for up to 28 days. Insulin can be damaged by heat, so store it in a cool place if temperature exceeds 25°. **Un-opened insulin** needs to be stored in the fridge until the expiry date (do not freeze). Return expired or unwanted insulin to your pharmacist for safe disposal.

Supply and disposal of pen needles/syringes

The National Diabetes Services Scheme (NDSS) offers free single use pen needles and/or syringes. Your doctor or credentialed diabetes educator will need to sign the registration form. If you already have NDSS registration, your doctor or credentialed diabetes educator will need to update your details.

Used pen needles or syringes must be disposed of into **an approved yellow sharps container or a puncture proof (strong plastic) container** with a lid. Never place used needles or syringes into household garbage or leave unattended. Contact your local council, Diabetes Australia outlet, pharmacist, local health service or local diabetes education service for container purchase and disposal locations.

What follow up is required?

Your doctor or credentialed diabetes educator will need to review your type of insulin and the start dose.

The start dose will mostly likely need to be increased to return your blood glucose back into your target range. Sometimes, the dose will need to be decreased if you experience low blood glucose.

The changes to your initial insulin dose can occur twice weekly or weekly by your doctor or credentialed diabetes educator. The review can often be done over a telephone or using a Healthdirect video appointment.

Your credentialed diabetes educator can also assist you to develop a:

- low blood glucose (hypoglycaemia) action plan
- high blood glucose (hyperglycaemia) / sick day action plan.

Where can I get more information?

- Healthdirect Australia (24hr health advice line)
- Diabetes Australia
- Medic Alert
- SA Ambulance

Phone: 1800 022 222

www.diabetesaustralia.com.au

www.medicalert.com.au

www.saambulance.com.au

For more information

Rural Support Service

Diabetes Service

PO Box 287, Rundle Mall
ADELAIDE SA 5000

Email: Health.DiabetesService@sa.gov.au

www.chsa-diabetes.org.au

www.sahealth.sa.gov.au/regionalhealth

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<p>Other issues to consider</p> <p><i>Insulin in use can be stored at room temperature (not in fridge) and away from direct sunlight for up to 28 days.</i></p> <p><i>Un-opened insulin not in use, needs to be stored in the fridge until the expiry date (do not freeze).</i></p>	<ul style="list-style-type: none"> • Insulin storage (in use): _____ • Insulin storage (not in use): _____ • Administration site rotation: _____ • Other diabetes medications to continue: _____ • Other diabetes medications to stop: _____
<p>When to contact doctor or credentialled diabetes educator</p>	<p>1. Twice weekly / weekly: Ph: _____</p> <p>2. If I have had _____ mild hypos in a week or a severe hypoglycaemia (e.g. needed help from someone).</p>
<p>Date: __/__/____</p>	<p>Name: _____ Signature _____</p>