

INSULIN THERAPY: TO START OR NOT TO START?

It is a common perception that insulin represents the last therapeutic measure and should be postponed for as long as possible. Chionh Lay Keng, diabetes nurse educator, Diabetic Society of Singapore, sets the record straight on the benefits of insulin therapy.

According to an article by Craig W Spellman, Assistant Dean, Professor of Medicine, Head of Endocrinology, and Director of the Diabetes Center, University of North Texas Health Science Center, titled 'Advancing Beyond Basal Insulin Therapy in Patients with Type 2 Diabetes', people with type 2 diabetes will eventually need insulin therapy because oral agents fail over time.

Many patients, however, are needle-phobic and may reject insulin therapy which requires multiple daily injections. They would be pleased to know that twenty-first century needles are now so fine that the level of pain is tolerable, and hurts no more than an ant bite.

So, what then is insulin and why do we need it in the first place? In simple terms, the pancreas produces insulin to convert the sugar from our food to generate as energy. But for type 2 diabetes patients, the pancreas does not secrete enough insulin or are insulin resistant. They experience high blood sugar, which causes damage to blood vessels. Uncontrolled diabetes can lead to serious complications of the eye and kidneys as well as amputations and nerve damage.

Most type 2 diabetes patients rely on oral hypoglycaemic agents to control their blood sugar. As years pass, the pancreas may decline with age and cannot cope with the high sugar from the food consumed. When oral hypoglycaemic agents are no longer effective on their own, insulin therapy must then be initiated in combination with oral diabetes medications to prevent glucose toxicity.

What happens when your doctor suggests that you need insulin therapy? For a start, it is a commitment, not a mere guideline. Firstly, you must follow strict eating and exercise plans. Secondly, you need more frequent blood sugar tests than before so as to achieve better blood sugar control. Thirdly, and this depends on different individuals, some might need short-acting insulin in combination with a long-acting insulin while others may need just one long-acting insulin to last the day.

Success stories among our DSS members who had gone on insulin therapy after years of taking oral medicines reveal marked improvements in their HbA1C reading. A case in point is Sarah* who had been taking oral medications for diabetes for 12 years. After just one month on insulin, her HbA1C improved from 9.1% to 7.6%! Another member, Elizabeth* was equally delighted and more energetic when her HbA1C dropped from 8.1% to 6.9%, after combining insulin therapy with diet control and exercise.

Be aware that non-compliance to the insulin regime will affect the outcome of blood sugar control, thus it is very important to follow your insulin regimen closely as directed by your doctor. Getting support from your health care team, family and friends is crucial. Joining a support group may also help motivate you to control your diabetes better.

* Not their real names.

References:

<http://www.touchendocrinology.com>

<http://www.webmd.com/>

