

Insulin

People with type 1 diabetes all need insulin. The story is more complicated for people with type 2 diabetes. In type 2 diabetes, the pancreas is usually able to make some insulin, but it may not make enough (called insulin deficient). Sometimes, the body cannot use insulin well (called insulin resistant). People with type 2 diabetes usually begin being treated by taking pills. As time passes, many people with type 2 diabetes need to begin using insulin. Insulin lets you get better control of your diabetes. Better control means a longer, healthier life. If your hemoglobin A1c is above 7, your doctor may talk to you about starting insulin. About one third of people with type 2 diabetes use insulin.

Many people are afraid of using insulin. Below are some common concerns about starting insulin:

- **“Starting insulin means I’ve failed”**
This is not true. Diabetes is a progressive disease. This means that it changes with time, and as time passes, it gets more likely that people will need insulin.
- **“Needles hurt”**
The needles used for insulin have gotten much smaller over the years. The needles used for insulin now are about the size of the lancet needles used to poke your finger for blood. Since the needle is not used in your finger tip, it hurts less than sticking your finger.
- **“Starting insulin means I’m on my way to going blind or losing my feet”**
Actually, starting insulin is the best thing to do to avoid going blind, losing your feet or developing other complications of diabetes. Since insulin helps control blood sugars, it helps you stay healthy.

If you do need insulin, there are three different ways to start:

- Twice daily
- Three times daily with meals
- Once daily at bedtime

There are reasons for each of these choices. Your doctor will help figure out the best way for you. You may take your insulin with a regular needle or with an insulin pen. An insulin pen looks a lot like a large writing pen. Many patients find pens easier to use, especially in public.

If you have any questions about insulin, be sure to ask your doctor.

Action times of Human Insulins and Insulin Analogues

	Onset	Peak	Duration
Lispro (Humalog®)	10 minutes	30-60 minutes	2-4 hours
Aspart (Novolog®)	10 minutes	30-60 minutes	2-4 hours
Glulisine (Apidra®)	10 minutes	30-60 minutes	2-4 hours
Regular	½ - 1 hour	2-3 hours	4-6 hours
NPH	2-4 hours	4-10 hours	10-16 hours
Glargine (Lantus®)	2-4 hours	peakless	24 hours
Detemir (Levemir®)	2-4 hours	peakless	up to 24 hours
Lente and Ultralente insulins have been discontinued (Nov '05), as have all pork derived insulins.			