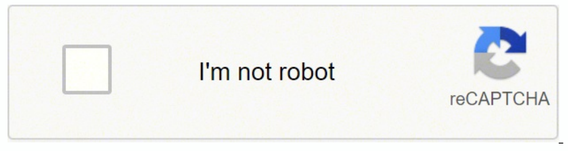

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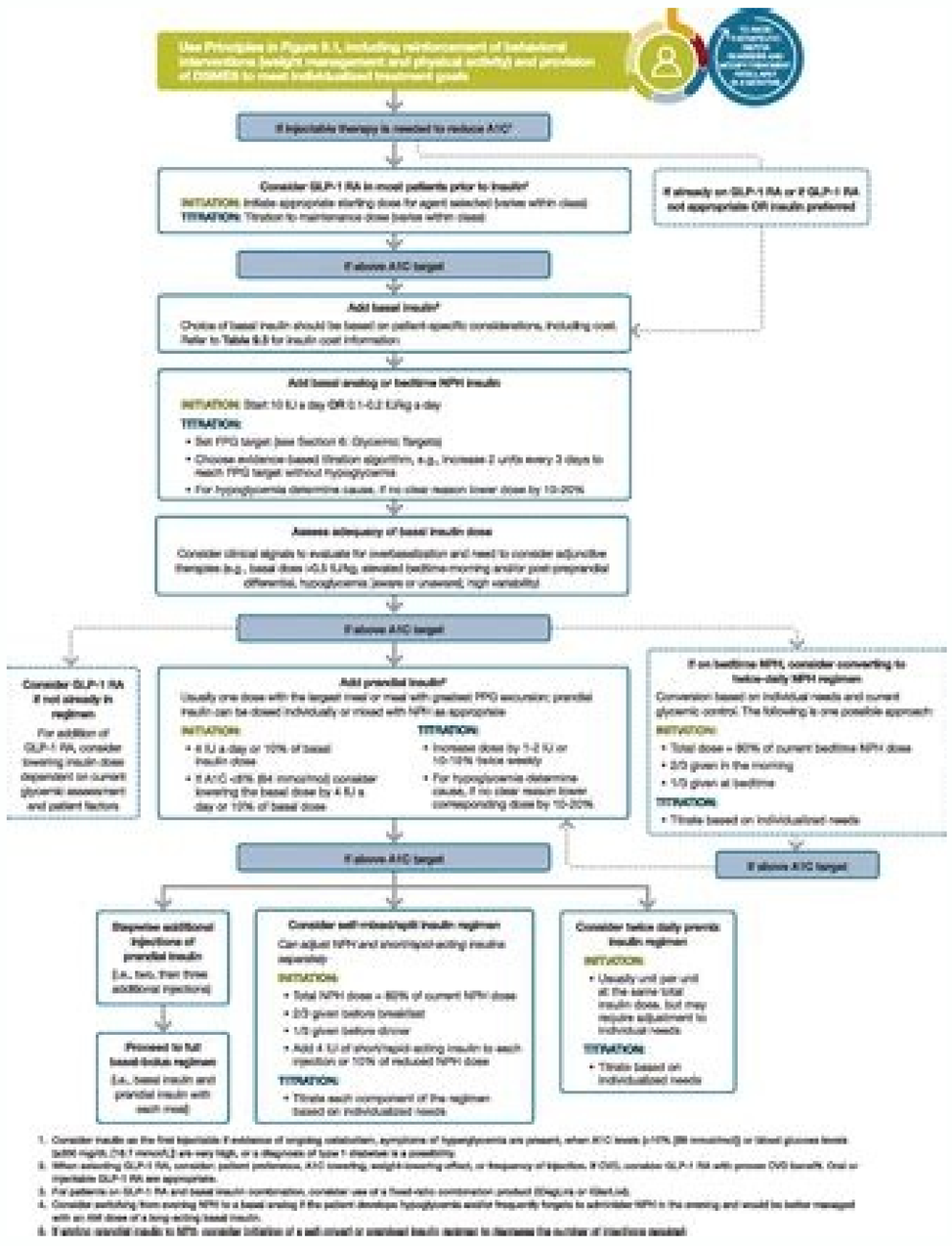
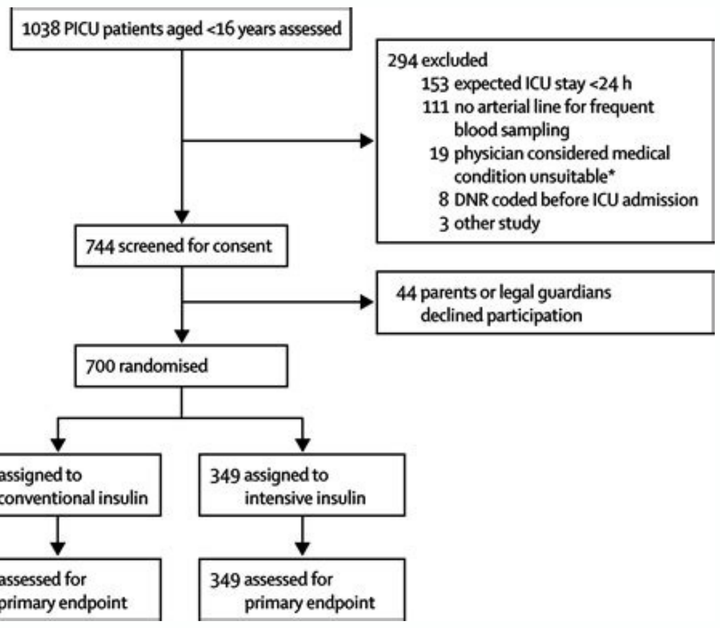
Insulin therapy guidelines

Weight (oz)	4.0 with battery and full cartridge	3.13 with battery and full cartridge	3.3 with battery and full cartridge
Warranty (y)	4	4	4
Reservoir size (units)	315	200	300
Infusion set connection	Luer-lock	Luer-lock	Luer-lock
Battery	One AA alkaline	One AA lithium or alkaline	One AAA alkaline
Basal profiles	Store up to five profiles with up to 24 rates each	Store up to four profiles with up to 12 rates each	Store up to four profiles up to 48 rates each
Basal delivery (units/h)	Range of 0.1–25	Range of 0.025–25	Range of 0.05–35
Smallest increment (units)	0.1	0.025	0.05
Temporary basal delivery	10% increments from 0% to 200% based on baseline basal rate delivered in 15-min intervals over 15 min to 24 h	10% increments based on baseline basal rate delivered in 30-min intervals over 30 min to 24 h	% change from baseline or units/h change over a 30-min to 72-h interval
Tracks bolus on board	No	Yes	Yes
Memory	Stores up to the last: 30 boluses, 30 alarms and errors, 30 TDDs, 30 temporary basal rate increases/ decreases	Stores up to the last: 500 boluses, 120 TDDs, 30 alarms, 60 primes, 30 suspends, and 270 basal records	Stores up to 4,000 events
Waterproof	Up to 1 h	Up to 24 h at 12 ft	Up to 30 min at 8 ft or 3 min at 12 ft
Download/ available software	Uses Accu-Chek Compass software with PDA Smartphone that comes with Bolus calculator, infrared port for wireless data transfer	Uses ezManager to download pump information to PC, infrared port for wireless data transfer	Uses CoZmanager to download pump information to PC, infrared port for wireless communication
Other features	Bright backlight display, audible or vibrating alerts, available in 12 languages, reversible display.	Large flat panel screen with high-contrast color, has ezCarb in-pump food database that stores up to	Stores up to 12 custom meal boluses in food bank, hypoglycemic





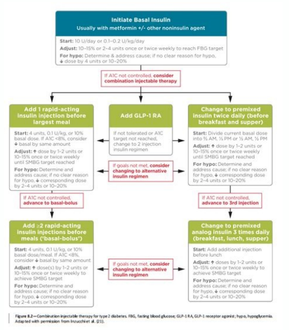
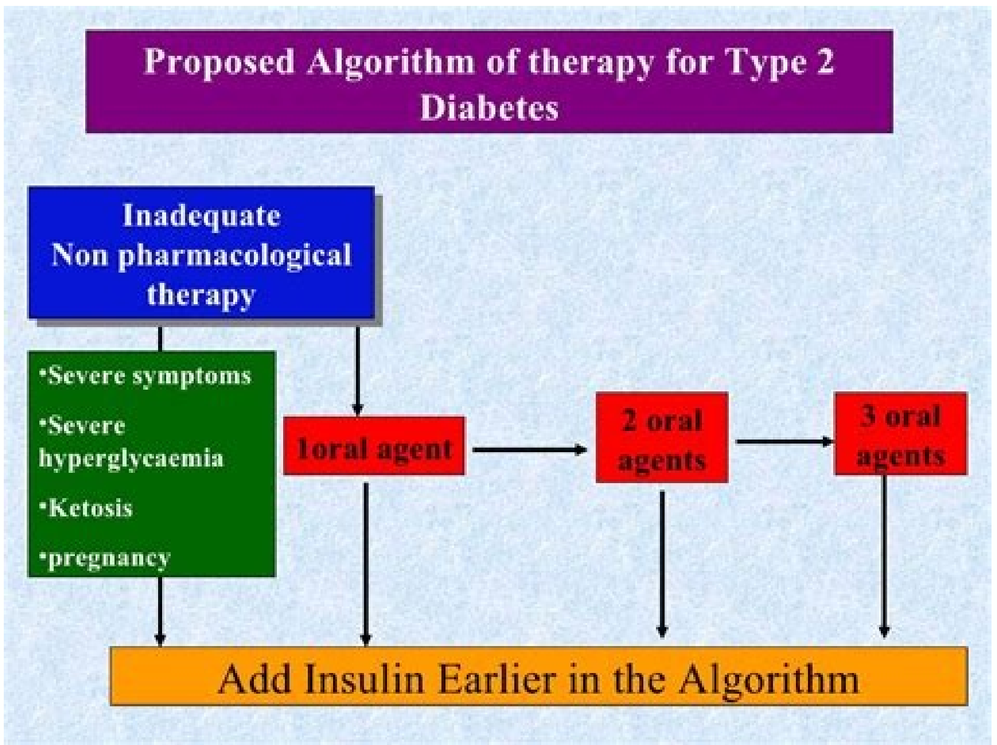


Figure 6.2—Combination injectable therapy for type 2 diabetes. FBG, fasting blood glucose; GLP-1 RA, GLP-1 receptor agonist; hypo, hypoglycemia. Adapted with permission from Inzucchi et al. [21].



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Patients who continue to take TZDs with insulin should be monitored for weight gain, peripheral edema and increased shortness of breath, and all potentially limiting factors that may require discontinuation of TZD use should be observed.22 Sulphonylureas or meglitinides may be continued at discontinuation of once daily basal regimens, but should be discontinued at intensified insulin therapy. With written orders, the practice of using the letter "u" to indicate the units should be strongly discouraged, since it can be misread as the number four or a zero, increasing the insulin dose 10 times. 16. Pathophysiologically, high fasting plasma glucose (FPG) levels result from excessive hepatic glucose production, whereas Prandial Glucose (PPG³s) levels depend on multiple factors, including resistance. muscle insulin, relative insulin deficiency, carbohydrate intake in the reference and incretin deficiency.7 The contribution of GPJ to a higher HbA1c is higher when HbA1c levels are higher; However, as HbA1c values are close to normal, PPP plays a greater role in determining HbA1c levels. Raskin P. Roadmaps for achieving glycaemic control in type 2 diabetes mellitus: ACE/ACE Diabetes Road Map Task Force. Rosenstock J, Davies M, et al. Insulin analogs can help to achieve these goals by allowing patients to adapt easily to their lifestyle. Refrigerated insulin should be allowed to reach room temperature before injection to avoid undesirable delays in absorption and redness, verging, µ or stinging at the injection site. 34. Texas State Department of Health Services. 23. Effect of intensive glycaemic control with metformin on complications µ overweight patients with type 2 diabetes (UKPDS 30. American Diabetes Association. Malone JK, Bai S, et al. PharmacÂutico, as a reliable source of information about medicines, should play a vital role in the treatment of patients with type 2 diabetes who use insulin. Pancreatitis of beta squid in type 2 diabetes What often requires insulin therapy as Insulin Wane levels. Insulin algorithm for type 2 diabetes mellitus in children and adults. 33. 6. The Algorithm of the Texas Diabetes Council recommends insulin for treatment - non-FPG patients with at least 260 mg / dL or an HbA1c of at least 10%. Stratton im, adler ai, et al. 16%, respectively; P = 0.008) .23 In addition, patients who use insulin detention and OAS experienced significantly less weight gain, a 47% decrease in all hypoglycemia and a decrease 55% in night hypoglycemia in comparison with patients with NPH insulin and ODs.23 to 52- Week of open label test in diabetes Diabetes with type 2 diabetes that were poorly controlled in OAADs compared the ADIM Insulin glargine insulin daily or insulin detemin once or twice a day. Hirsch IB, Bergenstal RM, et al. At: American Hospital Formular Service Service Information. Glyconomy of type 2 diabetes: an emerging strategy with oral agents, insulins and combinations. Bethesda, MD: American Society of Pharmacists of the Saúde System; 2006: 3072-3149. This begins at the time of diagnosis explaining to patients that insulin will probably be necessary due to the progressive detereration of the beta cells and not because of his lack of disease administration The. Lilley Sh, Levine Gi. Alvarsson M, Sundkvist G, et al. A 26-week, randomized, parallel, parallel study, comparing insulin to determine with Insulin NPH as additional therapy for oral glucose lowering drugs in ingenious insulin with diabetes type 2. The adequate choice of the insulin regime, based on the factors of the patient, can increase the chances of successful implementation. Can glycosmic targets be achieved - in particular with two daily injections of a mixture of intermediate insulin and short action? 2006; 55 (Supply 1) o o ,etnemavitanretlA .11 .anilusni ed sogol¡ÃnA ?sutillem setebaid moc setneicap arap o£Ã§Åaripsni amu :anamuh anilusni odalanI .deM J LGNE N .73 .45-25 :)1 otsopuS(21 ;6002 .782300dC ;4002 .04 concept uses titration schedules based on specific algorithms starting with 10 units once daily and unit adjustments based on SMBG, managed by the patient with guidance, to bring the FPG to goal.27 Also, one injection of premixed insulin with the evening meal can be started at doses similar to basal insulin but should be titrated based on bedtime as well as fasting SMBG readings. Nathan DM, Buse JB, et al. 7.90 mmol/L; P = .007).34 The average daily insulin dose was slightly higher in the insulin lispro 75/25 group due to the ability of the premixed insulin analog to target both FPG and PPG, ultimately resulting in the significantly lower HbA1c levels observed at the end of the trial.34 In insulin-naÃ¯Âve patients with type 2 diabetes who were poorly controlled on OADs, twice-daily biphasic insulin aspart 30 (Novolog Mix 70/30), which could be titrated to 0.82 U/kg/day by targeting FPG and PPG, was more effective than once-daily insulin glargine titrated to 0.55 U/kg/day. 17 Insulin delivery devices, such as insulin pens, may help patients who are worried about eating out, varied meal times, social discretion, or portability issues, compared to traditional vials and syringes.12 Some pens are disposable while, others use replaceable insulin cartridges (see TABLE 2, available in the online version of this article). Patients with type 2 diabetes who were taking metformin and NPH were randomized to metformin in combination with either insulin lispro 75/25 (Humalog Mix 75/25) twice daily or insulin glargine daily. Monnier L, Colette C, et al. 39. To comment on this article, contact editor@uspharmacist.com. 29. Insulin detemir and insulin glargine resulted in similar A1C control and risk of overall and nocturnal hypoglycemia.33 Whereas long-acting basal insulins can normalize the FPG, they do little to control PPG. Combination therapies with insulin in type 2 diabetes. American Society of Health-System Pharmacists. 19. stages of evolution of beta cell dysfunction during progression to diabetes. Attainment of glycemic targets in type 2 diabetes with one, two or three daily doses of biphasic aspirtic insulin 70/30 (study 1-2-3). Siebenhofer A, Plank J, et al. Hirsch IB. Intensive blood glucose control with sulphonylureas or insulin compared to conventional treatment and risk of complications in patients with type 2 diabetes (UKPDS 33). Biphasic insulin aspirtic 30 (BIAsp30), insulin detemir (IDet) and insulin aspirtic (IAsp) enable patients with type 2 diabetes to achieve the A1C endpoint: the PREFER study. Carbohydrate counting can also help optimize glycemic control, but it is an advanced skill and requires the education of a specialized diabetes educator in conjunction with a motivated patient. 20. Diabetes drug management, disease days guidelines, SMBG, American Diabetes Association, recommended treatment goals and basic information on all aspects of self-management diabetes care can be taught by pharmacists. Raskin P, Allen E, et al. 1998;57: 1079-1088. Initiate insulin treatment in adults with type 2 diabetes. Diabetes is a major public health problem that affects 7 % of the population of the United States, or 20.8 million people. Type 2 diabetes accounts for 90 % to 95 % of the diabetic population and is diagnosed with increasing frequency, especially in adolescents and children. The analogues of short-acting insulin versus regular human insulin in patients with diabetes mellitus. Insulin therapy for type 2 diabetes: rescue, increase and replacement of the function of beta cells. 6th ed. Management of hospitalized patients with type 2 diabetes mellitus. 10. Antidiabetic agents. Almost 60 % of patients achieved target HbA1c levels below 7 %, but 25 % more insulin-treated patients have reached the objectives of HbA1C without night hypoglycemia.27 Night.27 7% or smaller HbA1c levels in 70% of all patients, although this has been achieved without hypoglycaemia in significantly more patients treated with insulmic detemacy in comparison with those treated with NPH (26% vs. Insulic added to oral anti-diabolical drugs in type 2 diabetes provides comparable glyconomy control to insulty glargin with lower weight gain. Triplitt C, Wright A, Chiquette E. 1998; 352: 837-853. Insulin regimes basal-bolus (using four to five injections per day or an insulin pump) best imitate the physiological release of insulin and offer the highest flexibility for patients with dietary and exercise habits.9 It is necessary for adequate blood glucose monitoring (SMBG) based on the chosen insulin regime. The American Diabetes Association currently recommends that each patient holds the glycosmic levels closest to normal (HbA1C

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