Insulin Intensification in Type 2 Diabetes

**Titrate Basal Insulin to Patient Specific Target**

Self titration basal analog or night time Neutral Protamine Hagedorn (NPH) insulin

- Set target fasting blood glucose
- Provide titration parameters: e.g. +/- 2 units every 3 days if above/below target
- Watch for hypoglycemia: Identify cause and adjust insulin accordingly

**If A1C Remains Above Target, Intensify Prandial Therapy**

Add GLP-1 ra Agent (if not already on it)

- **Initiation**
  - Largest meal
  - 4 units or 10% basal
  - If A1c <8% reduce basal by 4 units of 10%

- **Titration**
  - 1-2 units or 10-15% twice weekly
  - Hypoglycemia: 10-20% corresponding dose

Prandial insulin

If on nightly NPH: Switch to BID* NPH

- **Initiation**
  - Dose = 80% of current
  - 2/3 AM, 1/3 HS

- **Titrations**
  - Based on individual needs

Stepwise prandial insulin

BID* Mixed Insulin

- **Initiation**
  - Dose = 80% of current
  - 2/3 AM, 1/3 HS

- **Titration**
  - Based on individual needs

Basal bolus regimen

**Avoid Excess Basal Doses (Overbasalization)**

**Signs of overbasalization**

- Basal dose >0.5 units/kg
- Increase a.m., p.m., or pre/post meal differential
- Hypoglycemia
- Increase variability

*BID: twice daily

Always use clinical judgment when caring for people with diabetes.

Learn more at therapeuticinertia.diabetes.org | 1-800-DIABETES (1-800-342-2383)

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