Module 3

Insulin initiation in type 2 diabetes

CPD QUESTIONNAIRE

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1. Insulin therapy remains essential in management of T2DM because long-term glucose control is necessary to prevent long-term complications.

☐ **A** True ☐ **B** False

2. Insulin therapy is indicated for use in which circumstances?

☐ **A** At diagnosis for all patients
☐ **B** At any time that the patient presents with some form of metabolic complication
☐ **C** Inclusion in a third-line therapy following two oral agents
☐ **D** All the above
☐ **E** B and C

3. Which statement is false? At diagnosis, short-term insulin therapy should be considered if:

☐ **A** There is ketosis ☐ **B** HbA_{1c} >10% ☐ **C** FPG >11mmol/L ☐ **D** Random glucose >16.5mmol/L

4. For high-risk and elderly patients, target PPG is:

☐ **A** 5.0-10.0mmol/L ☐ **B** <12.0mmol/L

5. In the case of suboptimal glycaemic control using 3 antidiabetic agents, SEMDSA recommendations are to continue metformin and:

☐ **A** Add twice daily pre-mix insulin
☐ **B** Add basal plus insulin
☐ **C** Combine basal insulin with a GLP-1 RA
☐ **D** All the above
☐ **E** A and C

6. Which statement is false?

☐ **A** Lipohypertrophy is a frequent complication of insulin therapy that can be avoided with correct site rotation
☐ **B** IM injections, particularly with rapid-acting insulins, result in severe hyperglycaemia
☐ **C** Psychological hurdles to insulin injections must be addressed early in diabetes care

7. Which statement is false? Referral to an endocrinologist or specialist diabetes clinic is recommended when glycaemic targets are unmet:

☐ **A** After 3 months of treatment ☐ **B** With basal insulin doses >0.8u/kg to >60u daily ☐ **C** With pre-mix insulin doses >60u twice daily

Case study questions

1. What is the HbA_{1c} target for this patient?

☐ **A** 7% ☐ **B** >7% ☐ **C** <7%

2. What alternative therapies can be used to reach the desired target?

☐ **A** Any oral agents: SGLT-2 inhibitor or pioglitazone
☐ **B** Substitute DPP-4 inhibitor with a GLP-1 RA
☐ **C** Insulin
☐ **D** None of the above

3. The decision is to initiate insulin. Which insulin is preferable?

☐ **A** Twice-daily pre-mix insulin ☐ **B** An analogue basal insulin

4. What would be the starting dose of basal insulin at bedtime?

☐ **A** 10u ☐ **B** 15u ☐ **C** 8u

5. On self-monitoring of her blood glucose following basal insulin (analogue), Preesha's fasting blood glucose levels are shown below. Based on the SMBG what would you advise?

	Pre-breakfast	2hrs	Pre-lunch	2hrs	Pre-dinner	2 hours
Mon	10					
Tues	12					
Wed	9					
Thurs						
Fri						
Sat						
Sun						

☐ **A** Monitor for a further week
☐ **B** Increase the basal insulin dosage by 2 units
☐ **C** Decrease the basal insulin dosage by 2 units
☐ **D** A and B
☐ **E** A and C

6. What in your view is the next best step?

☐ **A** Increase the basal insulin by 2 units
☐ **B** Decrease the basal insulin by 2 units
☐ **C** Add a mealtime insulin with dinner
☐ **D** A and C
☐ **E** B and C

7. The following week her pre-breakfast levels are in single digits: Mon 5.6, Tues 7.1, Wed 6.5, Thurs 5.8. When do you want to see Preesha again?

☐ **A** 1 month ☐ **B** 3 months ☐ **C** 6 months

8. Why is the HbA_{1c} not yet at target?

☐ **A** Her PPG levels are low ☐ **B** She has gained weight ☐ **C** Her PPG levels are high

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