



# BREAK DOWN THE BARRIERS TO INSULIN INITIATION AND TAKE CHARGE OF YOUR TYPE 2 DIABETES TODAY!

An estimated **1.5 MILLION CANADIANS** living with diabetes<sup>1</sup>, are not able to achieve their glycemic targets.<sup>2</sup>



There are a number of contributing factors to this situation. For people living with Type 2 diabetes (T2D), delaying the introduction (initiation) of insulin or not increasing their insulin dosage (intensification) at the right time are major factors that hurt their ability to successfully control their glucose (sugar) levels.<sup>3-6</sup>

HEALTHY LIFESTYLE AND INSULIN USE



IMPROVED GLUCOSE LEVELS



REDUCED HEALTH RISKS<sup>7-10</sup>



## DID YOU KNOW?

INSULIN IS A REPLACEMENT THERAPY FOR THE NATURAL HORMONE PRODUCED BY YOUR BODY<sup>11</sup>

With the help of your health care team, you can put together a plan to take charge and live a long and healthy life with blood glucose levels in the target range.

This plan will include learning about and adopting healthy eating and exercise habits, monitoring blood glucose levels, taking diabetes medications including insulin and managing stress.

## SELF-MANAGE YOUR DIABETES WITH CONFIDENCE

### HOW TO GET STARTED?

### TALK TO YOUR HEALTH CARE PROVIDER (HCP)!



1.

Ask questions and set out a plan

#### Your plan will establish:

Your Health Care Team including your family doctor, nurse, dietitian, endocrinologist, pharmacist and psychologist

Your target glucose goals

Your healthy eating habits and physical activities

Your best medical treatment options including an insulin initiation plan and education

You might, like many Canadians, have concerns about taking insulin. Here is a sneak peak at what you will learn from your healthcare provider:

First things first, starting to use insulin is normal considering the natural progression of T2D. Let's not forget that insulin is a replacement therapy for the natural hormone produced by your body.<sup>12</sup>

#### What your concerns could be

**Fear of needles & injections**

**Belief that insulin is too complicated to take**

**Fear that insulin use will cause complications and undesirable effects**

**Fear of hypoglycemia (low blood sugar)**

#### THE GOOD NEWS

- ✓ Insulin pens have a very small and thin needle tip
- ✓ The insulin injection site is situated just under the skin and does not go into a vein
- ✓ The new pens can be prefilled or refillable, eliminating the need to transport vials and syringes. **Once-Daily** basal insulins are available, making them more convenient, and are easy to use
- ✓ Insulin will help you **achieve your blood glucose target** and minimize the risk of complications<sup>13,14</sup>
- ✓ Weight gain with basal insulin regimens is small (1-2 kg) especially with newer basal insulin analogues<sup>15-21</sup>
- ✓ New generations of basal insulin, have lower risks of hypoglycemia<sup>22</sup>
- ✓ Most hypoglycemic episodes are mild<sup>23</sup>
- ✓ Your HCP can help you to prevent hypoglycemia<sup>24</sup>

With the new Once-Daily Basal Insulins available, you will only need to **inject once a day** as the name implies!

Taking insulin does not have to restrict your lifestyle. You can decide if you want to inject in the morning or in the evening, every day at the same time – whatever is most convenient for you.

2.

Find the insulin that's right for you!

Your HCP can help provide guidance in choosing insulin regimens with lower rates of hypoglycemia<sup>25,26</sup>

3.

Remember, you are not alone!

- A diabetes management team is available for you!
- Your diabetes management team including your HCP will be available to provide continuous support and education through the course of the treatment. They are there for you!

With the help of your Health Care Team, you will be **EMPOWERED** to take control of the treatment of your T2D and maintain a healthy and active life.

For more information, please visit [SANOFI.CA](http://SANOFI.CA)

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<sup>1</sup><https://www.diabetes.ca/about-diabetes>. <sup>2</sup>Leiter, L.A., et al., Type 2 diabetes mellitus management in Canada: is it improving? Can J Diabetes, 2013, 37(2): p. 82-9. <sup>3</sup>Khunti, K., et al., Clinical inertia with regard to intensifying therapy in people with type 2 diabetes treated with basal insulin. Diabetes Obes Metab, 2016, 18(4): p. 401-9. <sup>4</sup>Paul, S.K., et al., Delay in treatment intensification increases the risks of cardiovascular events in patients with type 2 diabetes. Cardiovascular Diabetology, 2015, 14(1): p. 100. <sup>5</sup>Khunti, K., Clinical inertia in the management of type 2 diabetes mellitus: a focused literature review. The British Journal of Diabetes, 2015, 15(2): p. 65-69. <sup>6</sup>Khunti, K., et al., Clinical inertia in people with type 2 diabetes: a retrospective cohort study of more than 80,000 people. Diabetes Care, 2013, 36(11): p. 3411-7. doi: 10.2337/dc13-0331. 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