
『How to introduce insulin treatment in patients with Type 2 Diabetes - Basal Supported Oral Therapy vs. Basal Bolus Therapy 』

Insulin is always a magic drug for diabetes. Insulin has the long history of clinical experiences. With the latest introduction of insulin analogues, such as analogues with long-acting, non-peak profile suitable to supplement the shortage of basal insulin secretion, or analogues with rapid-acting profile suitable to supplement postprandial insulin secretion, physicians can select various types of regimens suitable to each patient's patho-physiological profiles and circumstances.

For the introduction of insulin treatment in patients with Type 2 diabetes, Basal Bolus Therapy is well accepted from physicians as the best insulin treatment regimen, since it can supplement both postprandial and post-absorptive insulin secretion. However, due to 3-4 times injections a day, and its complexity, some physicians rather prefer simpler regimens. This includes initiation by long-action insulin analogues or premixes. Once daily long-acting insulin analogues with oral hyperglycemic agents(i.e. Basal Supported Oral Therapy) is selected because of its convenience. It is up to physicians to decide what insulin regimen to use, and the decision is based on their clinical experiences.

The theme for debate session is; How to introduce insulin treatment in patients with Type 2 diabetes. We will focus on two major regimens, Basal Supported Oral Therapy and Basal Bolus Therapy.

Andreas Liebl will be Basal Bolus Therapy advocator and Malcolm Natrass will be Basal Supported Oral Therapy advocator. The pros/cons of each regimen will be clarified.