

# Insulin Therapy: A Suitable Approach to Controlling Diabetes

Lucy Davison\*

Department of Medicine, Lviv National Ivan Franko University, Ukraine

## Corresponding Author\*

Lucy Davison

Department of Medicine, Lviv National Ivan Franko University, Ukraine

E-mail: ld.davison@lucy.com

**Copyright:** © 2024 Davison L. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

**Received:** 02-Aug-2024, Manuscript No. jdm-24-34397; **Editor assigned:** 05-Aug-2024, PreQC No. jdm-24-34397; **Reviewed:** 19-Aug-2024, QC No. jdm-24-34397; **Revised:** 26-Aug-2024, Manuscript No. jdm-24-34397; **Published:** 02-Sep-2024, DOI: 10.35248/2155-6156.10001162

## Abstract

Diabetes mellitus is a chronic metabolic disorder characterized by hyperglycemia resulting from defects in insulin secretion, insulin action, or both. Insulin therapy remains a cornerstone of diabetes management, particularly for individuals with type 1 diabetes and advanced type 2 diabetes. This article reviews the mechanisms of insulin action, the various forms of insulin therapy, and indications for use, potential benefits, and challenges associated with insulin therapy in diabetes management.

## Introduction

Diabetes is a growing global health concern, affecting millions of individuals worldwide. The disease is classified into two main types: type 1 diabetes (T1D), which results from autoimmune destruction of insulin-producing beta cells in the pancreas, and type 2 diabetes (T2D), characterized by insulin resistance and relative insulin deficiency. Insulin therapy is essential for maintaining glycemic control in diabetes patients, reducing the risk of acute and chronic complications [1].

## Mechanisms of insulin action

Insulin plays a crucial role in glucose homeostasis. It facilitates the uptake of glucose into muscle and adipose tissues, promoting glycogenesis and lipogenesis while inhibiting gluconeogenesis and lipolysis. The primary mechanisms of insulin action include:

- Promotion of glucose uptake:** Insulin binds to its receptor on target cells, initiating a signaling cascade that enhances glucose transporter (GLUT4) translocation to the cell membrane.
- Regulation of glycogen synthesis:** Insulin stimulates glycogen synthase, leading to increased glycogen storage in the liver and muscles.
- Inhibition of hepatic gluconeogenesis:** Insulin suppresses glucose production in the liver, reducing blood glucose levels.
- Lipid metabolism:** Insulin promotes fat storage and inhibits lipolysis, contributing to energy balance.

## Forms of insulin therapy

Insulin therapy can be classified based on its source, action profile, and delivery method:

## 1. Types of insulin

- Rapid-acting insulin:** Examples include lispro, aspart, and glulisine. This insulin's begin to work within 15 minutes and have a peak effect at 1-2 hours, lasting up to 4 hours.
- Short-acting insulin:** Regular insulin is an example, with an onset of action within 30 minutes, peaking at 2-3 hours, and lasting about 6 hours.
- Intermediate-acting insulin:** NPH (Neutral Protamine Hagedorn) insulin is an example, with an onset of 1-2 hours, a peak at 4-8 hours, and duration of 10-16 hours.
- Long-acting insulin:** Insulins like glargine and detemir provide a steady release of insulin, lasting up to 24 hours or more without a pronounced peak.
- Ultra-long-acting insulin:** Insulin degludec is an example, with a duration exceeding 42 hours, providing greater flexibility in dosing.

## 2. Delivery methods

- Syringes and vials:** Traditional method requiring manual injection.
- Insulin pens:** Pre-filled or refillable devices that offer convenience and dosing accuracy.
- Insulin pumps:** Continuous subcutaneous insulin infusion systems that deliver rapid-acting insulin in a programmable manner.
- Inhalable insulin:** A newer delivery method that provides rapid-acting insulin via inhalation.

## Indications for insulin therapy

Insulin therapy is indicated for various diabetes management scenarios, including:

- Type 1 diabetes:** Insulin is the primary treatment as patients cannot produce insulin.
- Type 2 diabetes:** Insulin may be initiated when oral hypoglycemic agents fail to achieve adequate glycemic control, especially during illness or surgery.
- Gestational diabetes:** Insulin therapy may be necessary for women unable to achieve glycemic targets with diet and exercise.

## Benefits of insulin therapy

- Effective glycemic control:** Insulin therapy can rapidly lower blood glucose levels and achieve target HbA1c levels, significantly reducing the risk of diabetes-related complications.
- Flexibility:** Various insulin regimens allow for tailored approaches, accommodating lifestyle changes and individual patient needs.
- Prevention of long-term complications:** Proper insulin therapy can prevent or delay the onset of complications such as neuropathy, retinopathy, and cardiovascular disease.

## Challenges and considerations

Despite its effectiveness, insulin therapy is not without challenges:

- Hypoglycemia:** One of the most significant risks associated with insulin therapy is hypoglycemia, which can lead to severe consequences if not managed promptly.
- Weight gain:** Patients may experience weight gain due to insulin-induced anabolic effects, necessitating careful management of diet and exercise.
- Injection-related Issues:** Pain, bruising, and lipodystrophy at injection

sites can affect adherence to therapy.

4. **Cost and accessibility:** The cost of insulin and delivery devices can be a barrier for some patients, highlighting the need for healthcare policies to improve access.

## Discussion

Insulin therapy is a cornerstone in the management of diabetes, particularly for individuals with type 1 diabetes and those with advanced type 2 diabetes who require additional glycemic control. It involves the administration of exogenous insulin to replace or supplement the body's natural insulin, helping to regulate blood glucose levels effectively. Various insulin formulations, including rapid-acting, short-acting, intermediate-acting, and long-acting insulins, allow for tailored treatment plans based on individual patient needs, dietary habits, and lifestyle. The flexibility of insulin regimens enables patients to achieve optimal glycemic control while minimizing the risk of hypoglycemia [2-6].

Moreover, advancements in insulin delivery systems, such as insulin pens, pumps, and continuous glucose monitors, have significantly improved patient adherence and outcomes. These technologies enhance the precision of insulin delivery and empower patients in self-management. Despite its efficacy, insulin therapy requires careful monitoring and education to prevent complications and ensure patient safety. Personalized approaches, including regular follow-ups and adjustments in dosage, are essential for achieving long-term success. Overall, insulin therapy remains a vital and effective strategy in the comprehensive management of diabetes, improving quality of life and reducing the risk of diabetes-related complications [7-10].

## Conclusion

Insulin therapy remains a vital component of diabetes management, providing effective glycemic control and reducing the risk of complications. While challenges exist, advancements in insulin formulations and delivery methods continue to enhance the suitability of insulin therapy for individuals with

diabetes. Ongoing education for patients and healthcare providers is essential to optimize therapy, ensuring improved outcomes and quality of life for those living with diabetes.

## References

1. Vuckovic D, Bao EL, Akbari P, Lareau CA, Mousas A (2020) The polygenic and monogenic basis of blood traits and diseases. *Cell* 182: 1214-1231.
2. Wellcome Trust Case Control Consortium (2007) Genome-wide association study of 14,000 cases of seven common diseases and 3,000 shared controls. *Nature* 447: 661-678.
3. Lemieux S, Despres JP, Moorjani S, Nadeau A, Theriault G, et al. (1994) Are gender differences in cardiovascular disease risk factors explained by the level of visceral adipose tissue? *Diabetologica* 37: 757-764.
4. Mathis D, Vence L, Benoist C (2001) Beta-cell death during progression to diabetes. *Nature* 414: 792-798.
5. Redondo MJ, Steck AK, Pugliese A (2018) Genetics of type 1 diabetes. *Pediatr Diabetes* 19: 346-353.
6. Noble JA, Erlich HA (2012) Genetics of type 1 diabetes. *Cold Spring Harb Perspect Med* 2: a007732.
7. Bartsocas CS, Gerasimidi-Vazeou A (2006) Genetics of type 1 diabetes mellitus. *Pediatr Endocrinol Rev* 3: 508-513.
8. Noble JA, Valdes AM, Varney MD (2010) HLA class I and genetic susceptibility to type 1 diabetes: results from the type 1 diabetes genetics consortium. *Diabetes*. 59: 2972-2979.
9. Selam JL (2010) Evolution of diabetes insulin delivery devices. *J Diabetes Sci Technol* 4: 505-513.
10. Klonoff DC, Bassock S, Dwyer A (2021) Evaluating the usability and safety of the semaglutide single-dose pen-injectors through summative (human factors) usability testing. *J Diabetes Investig* 12: 978- 987.