



Initiating Mealtime Insulin for Individuals with T2D

Courtesy of Jay Shubrook, DO, FACOFP, FAAFP



Adding MTI

Use rapid-acting analogs rather than regular insulin

- Less postprandial hypoglycemia
- Best taken **either:**



before
a meal



after
the start of eating

Start with one injection at largest meal

- 4 units (ADA) or 5 units (AACE) and uptitrate
- OR**
- 10% of basal dose

May need to reduce basal insulin dose 10%-20% if FPG is well controlled vs bedtime BG values



Adding MTI (Continued)

Uptitrate 1-2 units or 10%-15% of dose once to twice weekly



<160 mg/dL
after starting meal

- **OR** -



<130 mg/dL
before next meal / bedtime

Lower dose 10%-20% if unexplained hypoglycemia

Basal Plus 1 MTI Regimens



**Start with
biggest meal**

Multiple dose insulin regimens may be difficult for patients with T2D to adhere to

Start with basal plus 1

Add one injection at a meal (first or biggest)

Start with 0.1 unit/kg/dose or

- 4 units at biggest meal or
- 10% of basal dose at biggest meal

Insulin Disadvantages



Cost



Weight Gain



Hypoglycemia