For patients with type 2 diabetes whose blood glucose is not controlled with OADs alone

**Indications and Usage for Lantus®** (insulin glargine [rDNA origin] injection)

Lantus® is a long-acting insulin analog indicated to improve glycemic control in adults and children (6 years and older) with type 1 diabetes mellitus and in adults with type 2 diabetes mellitus. Lantus® should be administered once a day at the same time every day.

Important Limitations of Use: Lantus® is not recommended for the treatment of diabetic ketoacidosis. Use intravenous short-acting insulin instead.

Lantus® SoloSTAR® is a disposable prefilled insulin pen.

*Please see additional Important Safety Information for Lantus® continued on the next page.*
repeatedly shown that respiratory infections are associated with the development of atopic disease, and we’ve all seen cases of eczema that are triggered by cutaneous infections – how does that fit in?  

The hapten hypothesis holds that persistent low-grade exposure to environmental haptens via the skin and oral routes at key times of Th2 cytokine immune dominance – namely, pregnancy and the first year of life – can lead to atopy.  

Dietary hapten intake may interfere with oral immune tolerance mechanisms, while repeated cutaneous exposure to haptens could skew the innate immune system into promoting Th2 responses.  

“We’re postulating that all of this hapten exposure probably doesn’t matter the rest of the time, but during these vulnerable periods it may be important,” Dr. McFadden said.  

Last year he and his coworkers laid out in detail the proposed immunologic mechanisms driving the hapten-atopy hypothesis (Trends Immunol. 2009;30:67-74).  

Consistent with their hypothesis, mouse studies have shown that repeated low-grade exposure to environmental haptens can result in two types of non-tolerogenic responses: the classic one, namely, allergic contact dermatitis, but also atopic dermatitis.

In humans, it’s well established that repeated exposure to haptens can cause allergic contact dermatitis, but it is as yet unknown if hapten exposure contributes in any way to atopic dermatitis. But it’s an issue well worth pursuing, in Dr. McFadden’s view.  

“The question as to whether increases in environmental hapten exposure are contributing to atopy is a legitimate one,” he said.  

Dr. McFadden disclosed that he has no relevant financial interests.

LIGHT BLUE BACKGROUND

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**As diabetes progresses, OADs alone may not be enough**

According to the UKPDS, up to 50% of β-cell function may be lost by the time patients are diagnosed with type 2 diabetes, and it may continue to decline, on average, by about 5% annually.1 A recent article by DeFronzo showed that, in patients with highly impaired glucose tolerance, as much as 80% of β-cell function may be lost by the time of diagnosis.2 It is this progressive β-cell function loss that is primarily responsible for the development of diabetes and the incremental rise in A1C.2

Patients may not know that their pancreas is no longer making enough insulin and that their disease has progressed.3,4 National data from 2003 to 2004 showed that about 40% of patients with diabetes did not have adequate glycemic control.5 And because blood glucose control is important, all available therapeutic options—including insulin—should be considered in the treatment of diabetes.

Many patients with type 2 diabetes may eventually need insulin to achieve or maintain glycemic control.6,7 Unfortunately, patients may blame themselves for what they perceive as ‘failure’ to control their glucose levels.3 And because patients’ attitudes toward their disease play an important role in diabetes self-care behaviors, it’s likely that this negative mindset may adversely impact diabetes self-management.7

*Glycemic control defined as A1C <7%.

OADs=oral antidiabetic drugs; UKPDS=United Kingdom Prospective Diabetes Study.

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Learn more at www.RethinkInsulin.com

**A positive “insulin talk” may help reassure patients**

The results of having a positive insulin talk can be impactful: in a survey, about 80% of patients with type 2 diabetes who were taking OADs said they’d consider taking insulin if their doctor recommended it.8

By starting the dialogue now, you can help your patients have a better understanding of insulin and the glucose-lowering role it plays as part of an overall diabetes treatment plan, which may include diet, exercise, and other diabetes medications.9

For appropriate patients, starting insulin earlier in the disease continuum can help improve glycemic control.9-11 Insulin is an effective medication for lowering blood glucose levels.

So, engage patients in talks early and as needed to help turn their negative mindset of failure into a positive opportunity to manage their blood glucose.

**Important Safety Information for Lantus® (insulin glargine [rDNA origin] injection)**

Contraindications

Lantus® is contraindicated in patients hypersensitive to insulin glargine or one of its excipients.

Warnings and Precautions

Monitor blood glucose in all patients treated with insulin. Insulin regimens should be modified cautiously and only under medical supervision. Changes in insulin strength, manufacturer, type, or method of administration may result in the need for a change in insulin dose or an adjustment in concomitant oral antidiabetic treatment.

Please see additional Important Safety Information for Lantus® continued on the next page.

**INSULIN**

IMPROVING BLOOD GLUCOSE CONTROL SHOULDN’T WAIT