

## Diabetes Guidelines Summary

Type II diabetes is a massive industry, but it's terrible medicine. Insulin resistance is not a malfunction to be fixed. It's the way cells defend themselves against toxicity from too much glucose uptake. Yet conventional medicine insists on overriding those defenses with drugs, forcing cells to take up far too much glucose, simply to clear it from the blood. The results are worsening glucose toxicity, insulin resistance, and heart disease risk. A total re-thinking of type II diabetes is long overdue, and is now here, written by a scientist who has lived through and beaten his own type II diabetes.

This summary version of the Australian Diabetes Educators Association (ADEA) sick day management guidelines for people with diabetes has been adapted from the full technical version.

Diabetes Management in Long-Term Settings is a clinical guide for the treatment of elderly patients with diabetes. With the number of older adults growing exponentially and with a growing percentage of this group facing diabetic and prediabetic conditions, Diabetes Management in Long-Term Settings will help physicians, nurses, pharmacists, and administrators develop effective programs to care for this growing population. It is a practical clinical guide outlining the protocols of geriatric diabetes care and will be a sought-after reference for all clinicians.

The clinical management of patients with diabetes is rapidly evolving. Evidence-based Management of Diabetes provides a succinct summary of a range of topics, including areas where there is already well developed evidence for a particular treatment, but also those areas where the evidence is perhaps doubtful or there is some associated controversy or ambiguity. Where possible throughout the book treatment recommendations are given based on the available evidence and practice guidelines. The book also highlights the gaps in evidence where further research is needed. In the practice of diabetes care, there are many issues influencing practitioners currently. This book addresses many of the most pertinent issues concerning delivery of diabetes care. The authors are internationally renowned experts in the field of diabetes care who successfully and succinctly present state-of-the-art reviews based on the medical evidence designed to help the clinician be as best informed as possible in the care of patients with diabetes.

Focused on practical management of patients with common clinical conditions, In the Clinic offers evidence-based answers to frequently asked questions about screening, prevention, diagnosis, therapy, and patient education and provides physicians with tools to improve quality of care. Drawing on various resources, such as PIER (the evidence-based, electronic point-of care decision-making tool for clinical guidance), MKSAP, practice guidelines, and quality-of-care measures, In the Clinic presents information in an easy-to-read format that emphasizes practical measures that can be readily integra

?At a time when clinicians are bombarded with masses of clinical information from numerous sources, and the wide variety of changes/advances in diabetes management, there is a need for a concise, easy-to-read book that provides an up-to-date review of the major advances in management of diabetes, with an evidence-based approach. This book is a collection of short chapters, each focused on a subject related to the management of diabetes and its complications. The chapters are written by acknowledged experts in the field, who are also clinicians dealing with diabetes on a day-to-day basis. The text is highly evidence based and well referenced with reviews of relevant trials. It includes the latest developments in diabetes management, prospects for future therapies and avenues of research, as well as therapies currently undergoing clinical trial. In order to facilitate ease of reading, it has a user-friendly appearance, with multiple headings, illustrations and summary boxes. The primary audience is clinical, including all healthcare professionals involved in the management of diabetes and its complications. This encompasses diabetologists and endocrinologists, family practitioners with an interest in diabetes, specialist nurses, dietitians and podiatrists.

Diabetes has become a worldwide health problem, the global estimated prevalence approaches ten percent and the burden of this disease in terms of morbidity and mortality is unprecedented. The advances acquired through the knowledge of the mechanisms of the disease and the variety of therapeutic approaches contrast with the inability of private and public health systems in underdeveloped and even developed countries to achieve the goals of treatment. This paradox has been described in many sources: the surge of scientific advances contrast with an unprecedented amount of human suffering. Thus, a patient centered and an evidence based approach with the capacity to produce measurable clinical and economic outcomes is required. The purpose of this textbook is multiple: to offer a comprehensive resource covering all aspects of outpatient management; to address diabetes as a health problem from an epidemiological, economic and clinical perspective; to discuss the role of social determinants of health on the worldwide increase in diabetes; to highlight the challenges and obstacles in providing adequate care; and to outline a multidisciplinary approach to management in which medical visits retain their importance as part of a team comprising the patient, his or her family and a multidisciplinary group of health professionals who are able to move beyond the traditional approach of diabetes as a disease and greatly improve outcomes. Now in its fifth edition, *Care of People with Diabetes* is a comprehensive clinical manual for nurses, healthcare professionals and students alike, providing an extensive summary of the most up-to-date knowledge in a rapidly developing field, as well as the role of education and self-care in achieving desirable outcomes. Covering both the theory and evidence-based practice of diabetes care, this authoritative volume integrates traditional thinking and innovative concepts to challenge readers to 'think outside the box' when rendering care. New and updated content on the

pathophysiology of diabetes and the implications for management, how to apply guideline recommendations in practice, and contemporary evidence for best practice diabetes care Highlights personalised care and shared, evidence-based decision-making, emphasising the need for effective communication to reduce judgmental language and the negative effect it has on wellbeing and outcomes Written by internationally recognised experts in diabetes care, research and education Includes a range of learning features, such as practice questions, key learning points, diagrams, and further reading suggestions Care of People with Diabetes is an essential companion to clinical practice for both trainee and experienced nurses and healthcare professionals, particularly those in acute care settings, and students undertaking diabetes courses or preparing for qualification exams.

**OBJECTIVES:** The goal of the Clinical Operations Evidence Review cyberseminar pilot project was to develop and test a method for facilitating the adoption and implementation of an EPC report's findings into a health system's clinical guideline.

**METHODS:** This project was a collaboration with key partners at the Kaiser Permanente Care Management Institute (CMI). Over several months, we developed, implemented, and evaluated a 1-hour interactive, web-based presentation and discussion of evidence on interventions to prevent (or delay) the onset of diabetes.

Through phone interviews and an online survey, we evaluated the content and usefulness of the EPC report to inform a clinical operations guideline and implementation process, the utility of the cyberseminar itself, and the extent to which this process was likely to inform decision-making at Kaiser Permanente. **RESULTS:**

The cyberseminar: (1) targeted multiple disciplines and levels of leadership in the decision-making process, (2) engaged participants using an interactive rather than didactic (static) format, and (3) delivered the evidence in a context relevant to stakeholders. Stakeholders included members of Kaiser Permanente's diabetes guideline development team and national and regional implementation leaders for diabetes prevention efforts within Kaiser Permanente. The cyberseminar was well received and served the needs of the guideline development team. The presentation focused on a high-level summary of the systematic review evidence; comparison of review findings with other systematic reviews; a description of implementation issues for included lifestyle interventions; a review of CMS reimbursement for lifestyle interventions; and a discussion about pre-identified considerations. Our key partners at CMI agreed that hearing from people working on implementation of diabetes prevention interventions in different regions was helpful, as was being able to query evidence reviewers during and after the cyberseminar. Guideline developers reported that the cyberseminar would change aspects of guideline and process. Participants identified several areas EPC reports could address beyond effectiveness and harms that would be particularly helpful to health care organizations, including: (1) information about implementation and monitoring considerations for included interventions, (2) information on important subgroups, (3) (if applicable) information on how reports have been used to inform national guidelines, and (4) consistency between report findings and other existing systematic reviews. **CONCLUSIONS:** Our pilot cyberseminar shows promise as a dynamic format to link evidence and evidence reviewers to organization-specific guideline development, and to integrate key stakeholders into the early guideline development process. The success of this effort required both the readiness of the

health system and a partnership between evidence reviewers and the health system. Diabetes is one of the leading causes of morbidity and mortality worldwide. Major complications include nephropathy, neuropathy, retinopathy and heart disease, which affect thousands of diabetics every year. The prevention and treatment of such complications encompass pharmacological, surgical and educational approaches, all of which need to be coordinated for optimal management of people with diabetes. This user-friendly new edition of Diabetes - Chronic Complications (previously called Diabetic Complications) has been completely revised and updated to reflect the rapid developments currently taking place in the field. Each chapter describes the epidemiology, aetiology and management of a particular complication and discusses the organisation and delivery of care. Includes all the major chronic complications of diabetes Presents a practical approach to the treatment of diabetes complications Written by world's leading experts in the field Features algorithms for screening and treatment of diabetes complications

Recently developed diagnostic and therapeutic technologies such as OCT-angiography and small gauge vitrectomy have influenced the modern treatment of diabetic retinopathy. This volume provides a summary of the state-of-the-art evidence-based approach to managing complications that may occur with diabetic retinopathy. It offers the latest information on pathogenesis and diagnosis, and highly experienced clinicians review the results of relevant randomized clinical trials that serve as the basis of current therapy. The book provides not only a summary of data from randomized trials but also an analysis and interpretation by internationally renowned experts. Ophthalmology residents, fellows, and practicing clinicians will find this book to be a useful reference when seeking evidence-based treatment strategies for various complications of diabetic retinopathy. It is also for researchers identifying new avenues of drug developments and for insurance professionals and health care policy administrators who are establishing evidence-based therapy guidelines for therapeutic intervention.

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Current Clinical Medicine's 2nd edition, by the world famous Cleveland Clinic, is an Internal Medicine reference that gives you authoritative and actionable information wherever you are, whenever you need it. More than 40 updated chapters, 13 new chapters, and 30% new illustrations ensure that you'll have access to the most up-to-date guidance. In addition to its user-friendly, easy-access format and consistent, reliable coverage, this Expert Consult title includes a website with the complete contents of the book, fully searchable, downloadable images, and more, to keep you and your practice completely current. Includes access to a website featuring the complete contents of the book, fully searchable, access to patient information sheets, links to the Gold Standard Drug database, and much more, to keep you completely current. Provides consistent, reliable coverage to keep you on the top of your game. Includes summary boxes and algorithms for quick, confident diagnosis and treatment of each condition. Features a user-friendly format so you can find information quickly and easily. Contains more than a hundred full-color illustrations with a special focus on dermatology for highly visual guidance. Uses evidence-based gradings to help you evaluate your diagnoses. Includes many new chapters—including Hepatocellular Carcinoma, Head and Neck Cancer, Takayasu's Arteritis, and Non-Hodgkin and Hodgkin Lymphoma—as well as more than 40 substantially revised chapters, that

ensure that you'll have access to the most current coverage. Features 30% new illustrations that provide you with updated details, concepts, and procedures.

This issue of Critical Care Nursing Clinics, Guest Edited by Celia Levesque RN, MSN, NP-C, CNS-BC, CDE, BC-ADM, from MD Anderson, will focus on Diabetes. Article topics will include Management of Diabetes in the Clinical Setting, Hyperglycemia management after solid organ transplantation, Insulin therapy in the hospitalized patient, Limb salvage for Veterans with diabetes, and Management of steroid induced hyperglycemia in the ICU.

This book presents a collection of recent articles published in peer reviewed journals. The articles provide clinicians and trainees with the latest information in the field of diabetology. Divided into twelve sections the yearbook begins with an overview of basic science and epidemiology, followed by discussion on Type 1 diabetes and gestational diabetes. The next sections cover comorbidities, complications, therapeutics, paramedical care, research, and new technologies and guidelines. For each article, the authors provide background information, key learning points, strengths and limitations of the study, and a 'take home' message. Each article is accompanied by detailed references for further reading. Key points Collection of recent articles on diabetes published in peer reviewed journals In depth discussion on Type 1 diabetes and gestational diabetes Authors provide background information and summaries for each article Detailed references for further reading

Guidelines discussed in this book include those from the American Heart Association, American Cancer Society, and the American Diabetes Association. This edition is the ultimate consumer guide for health and medicine.

Is there a sufficient evidence base for the U.S. Department of Health and Human Services (HHS) to develop a comprehensive set of physical activity guidelines for Americans? To address this question, the Institute of Medicine (IOM) held a workshop titled "Adequacy of Evidence for Physical Activity Guidelines Development" in Washington, DC on October 23-24, 2006, sponsored by HHS. The workshop summary includes the presentations and discussions of more than 30 experts who were asked to consider the available evidence related to physical activity and the general population, as well as special population subgroups including children and adolescents, pregnant and postpartum women, older adults, and persons with disabilities. The summary provides an overview of the specific issues of relevance in assessing the quality and breadth of the available evidence.

Switching from Analogue Insulin in Type 2 Diabetes  
Summary Guidelines Exhibit  
A Massachusetts Adult Diabetes Guidelines 2011 Executive Summary of Revisions and Recommendations  
Canadian Diabetes Association 2013 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada  
Executive summary  
Care of People with Diabetes  
A Manual for Healthcare Practice  
John Wiley & Sons

People with diabetes use test strips as a means to check their blood glucose levels.

Systematic self-monitoring of blood glucose is necessary for successful insulin therapy aimed at controlling glucose. However, in patients with noninsulin-treated type 2 diabetes, the benefit of systematic self-monitoring has been called into question. This report reviews the scientific evidence for systematic self-monitoring of blood glucose with test sticks in patients with type 2 diabetes, but who are not receiving insulin therapy. The Swedish National Board of Health and Welfare commissioned the report to use as a basis for their national guidelines on diabetes care. SBU is producing three additional reports within the framework of the National Board of Health and Welfare's guidelines on diabetes -- patient education in managing diabetes, intensive glucose lowering therapy in diabetes, and dietary treatment of diabetes. Conclusions The scientific evidence does not show any benefits from systematic self-monitoring of blood glucose (SMBG) with test sticks in people with noninsulin-treated type 2 diabetes. Examples of

specific situations where people with noninsulin-treated type 2 diabetes may have reason to use test sticks include symptoms of hypoglycemia, particularly in patients being treated with sulfonylurea agents and meglitinides. Self-monitoring may also be needed for other purposes, e.g., educational purposes in conjunction with changes in therapy or acute disease. A more restrictive use of test sticks in this patient group would reduce costs and would not increase medical risks.

The metabolic and health effects of both nutritive and non-nutritive sweeteners are controversial, and subjects of intense scientific debate. These potential effects span not only important scientific questions, but are also of great interest to media, the public and potentially even regulatory bodies. Fructose, High Fructose Corn Syrup, Sucrose and Health serves as a critical resource for practice-oriented physicians, integrative healthcare practitioners, academicians involved in the education of graduate students and post-doctoral fellows, and medical students, interns and residents, allied health professionals and nutrition researchers, registered dietitians and public health professions who are actively involved in providing data-driven recommendations on the role of sucrose, HFCS, glucose, fructose and non-nutritive sweeteners in the health of their students, patients and clients. Comprehensive chapters discuss the effects of both nutritive and non-nutritive sweeteners on appetite and food consumption as well as the physiologic and neurologic responses to sweetness. Chapter authors are world class, practice and research oriented nutrition authorities, who provide practical, data-driven resources based upon the totality of the evidence to help the reader understand the basics of fructose, high fructose corn syrup and sucrose biochemistry and examine the consequences of acute and chronic consumption of these sweeteners in the diets of young children through to adolescence and adulthood. Fructose, High Fructose Corn Syrup, Sucrose and Health fills a much needed gap in the literature and will serve the reader as the most authoritative resource in the field to date.

Diabetes is a global pandemic where many remedies have been recommended as means of combating the prevalence of this disease. However, dietary control appears to be more effective than others. This book focuses on interventions concerning glycemic control, the oxidative stress-based occurrence of the disease and its prevention, as well as novel remedies. While many books have been published recently on this aspect, the book aims to serve as an update to the scientific community, as well as to those who have been adversely affected by the disease. There are many unexplored territories when it comes to diabetes, and it is hoped that this publication will open up new avenues of successfully curbing its occurrence.

While nutrition is central to the management of diabetes, there is no onediabetic diet. Nutritional prescriptions depend on the type of diabetes, food preferences, lifestyle, treatment regimen, comorbidities, state of health, and the route of caloric administration. Nutritional Strategies for the Diabetic/Prediabetic Patient is a comprehensive r

This book is aimed at clinicians, internists, postgraduate students who want to keep abreast of the recent advances in understanding of all micro and macrovascular complications of diabetes. A crisp and concise quick reference guide to all the complications seen in patients with diabetes mellitus. A easy-to-read format, supplemented with clinical pearls, fast facts, and algorithms, enables rapid understanding of key aspects of pathogenesis and management of complications of diabetes. The book will be very useful to physicians as well as students to serve as an important resource to enrich their practice of diabetes care. All complications of diabetes have been comprehensively covered with equal emphasis on acute metabolic and chronic microvascular and macrovascular complications.

Prevent and Reverse Type 2 Diabetes No Drugs or Medicine Needed Includes Diet Cheat Sheet This book is a summary of "The End of Diabetes: The Eat to Live Plan to Prevent and Reverse Diabetes," by Joel Fuhrman, M.D. This book summarizes the key concepts of Dr.

Fuhrman's Eat to Live Plan to prevent and reverse diabetes. It also includes a diet cheat sheet which is a concise summary of the dietary principles, including (a) general guidelines, (b) foods to eat daily, (c) foods to eat in moderation, and (d) foods to avoid. Dr. Fuhrman's Eat to Live Plan to prevent and reverse diabetes has been tested by thousands of individuals with extraordinary results. If you take it seriously and follow the advice, you'll see radical improvements in your health. For Type 2 diabetes, the program delivers: \* No more highs and lows in blood sugar \* Less insulin; the dosage is cut by half in the first week and totally eliminated within three to six months \* Healthy, lean, and stable body weight \* Normal life span, without complications \* Reversal of diabetes and diabetes-related complications For Type 1 diabetes, the program delivers: \* No more highs and lows in blood sugar \* Less insulin; typically, the dosage is cut by half \* Healthy, lean, and stable body weight \* Normal lifespan, without complications. If you want to end Diabetes, read and apply what you learn in this book. This guide includes: \* Book Summary—helps you understand the key concepts. \* Online Videos—cover the concepts in more depth. \* Diet Cheat Sheet—A concise summary of the dietary principles, including (a) general guidelines, (b) foods to eat daily, (c) foods to eat in moderation, and (d) foods to avoid. Value-added from this guide: \* Save time \* Understand key concepts \* Expand your knowledge

In the mid 1990s, Drs. Gerald Reaven identified a constellation of clinical findings, known variously as the metabolic syndrome, syndrome X, insulin resistance s- drome or insulin resistance-related disorders, that are associated with an increased risk of heart disease and diabetes. Interest in this topic grew rapidly, culminating in the publication by this series of the book, *Insulin Resistance and the Metabolic Syndrome X*, edited by Drs. Reaven and Laws in 1999. Since the original publication of that now classic volume, the world's population has continued to become more obese and sedentary and the prevalence of disorders related to insulin resistance has continued to increase throughout the developed and developing world. Of great concern in the last decade is the extension of these deleterious lifestyle patterns to the pediatric population, leading to both obesity and the appearance of insulin resistance-related disorders in youth as well as adults. Today, about one in three children and adolescents in the United States is overweight or obese, and this prevalence approaches one in two among adolescents in certain minority groups. In addition, components of this cardiovascular risk constellation are now being recognized in young adults, adolescents, and even children. Youth are increasingly developing type 2 diabetes, fatty liver disease, hypertriglyceridemia, hypertension, polycystic ovarian syndrome, sleep apnea, orthopedic and psychiatric complications, as well as other complications of obesity and insulin resistance. Rev. ed. of: *Nurse practitioner/physician collaborative practice* / edited by Geraldine M. Collins-Bride and JoAnne M. Saxe. San Francisco, Calif.: School of Nursing, University of California, UCSF Nursing Press, c1998.

The liver has an important role in nutritional homeostasis, and it is well known that liver diseases can lead to abnormalities in the nutrient metabolism and to subsequent malnutrition . Because malnutrition is particularly prevalent in patients with liver cirrhosis, proper nutritional assessment and support for cirrhotic patients is essential. This collection of research and clinical findings on nonalcoholic steatich hepatitis (NASH) and nutritional therapy contains significant new findings in several fields . As NASH frequently causes liver cirrhosis, the nutritional aspects of its treatment are discussed . Other areas covered include nonalcoholic fatty liver, the role of leptin in the pathogenesis of NASH, restricted diets and exercise therapy, mammalian targets of the peptide rapamycin, and genetic factors influencing the development of NASH. This book is intended to be of particular relevance to researchers and those practicing in the field.

Psychosocial issues have long been acknowledged to have a crucial role in the successful treatment of people with diabetes. An understanding of these issues can enable health care

professionals to assist their patients effectively. The second edition of the acclaimed title *Psychology in Diabetes Care* gives background information and practical guidelines needed by healthcare professionals to address the cognitive, emotional and behavioural issues surrounding diabetes management. The book bridges the gap between psychological research on self-care and management of diabetes, and the delivery of care and services provided by the diabetes care team. Written jointly by psychologists active in diabetes research and practising clinicians, *Psychology in Diabetes Care, Second Edition* provides a practical evidence-based approach to intervention in diabetes care.

This title includes a number of Open Access chapters. The field of clinical nutrition as a whole seeks to consider the nutrition of patients within the healthcare system, paying attention to the interactions between diet, nutrition, and disease. To that end, this book discusses nutrition as both a contributing and managing factor in relation to diseases such as obesity and diabetes. It also presents malnutrition as a contributing factor to such diseases and considers the efficacy of micronutrient supplementation. It ends by looking at some of the recent developments and future trends in the field of clinical nutrition.

Digital retinal imaging performed by primary care providers and nurses, followed by remote image interpretation (teleretinal imaging), is rapidly acquiring a crucial role in many parts of the world as it permits the detection of major diseases, such as diabetic retinopathy and glaucoma, in patients who would otherwise be beyond the reach of a trained ophthalmologist. In this book, experts from around the world describe how digital teleretinal screening can be set up and optimally utilized. Technical issues are discussed, and the appropriate use of screening for different diseases and in different age groups is explained. The major part of the book draws upon the clinical experience of leading practitioners in a wide range of teleretinal applications. The result is a comprehensive source of high-quality information for clinicians and other health professionals who are involved in eye care delivery, so that they can assess how teleretinal screening might be applied to their working practice.

This report reviews the scientific evidence for intensive therapy aimed at lowering blood glucose levels to near normal in patients with type 1 and type 2 diabetes. In diabetes, risks for diabetic complications are associated with high average blood glucose levels as measured by HbA1c. Hence, in treating diabetes it is natural to aim at lowering HbA1c to normal or near normal levels. In type 1 diabetes, we refer to this as intensive insulin therapy. Since several different types of drugs are used to treat type 2 diabetes we refer to this as intensive glucose-lowering therapy. The report was commissioned by the Swedish National Board of Health and Welfare (NBHW) to provide a foundation for their national guidelines for diabetes care. Within the framework of the NBHW guidelines program, SBU is producing three additional reports addressing patient education in managing diabetes, self-monitoring of blood glucose in noninsulin-treated diabetes, and dietary treatment of diabetes. Conclusions<sup>1</sup>. Intensive insulin therapy for type 1 diabetes is demanding for health services and the patient alike, but reduces the risk for cardiovascular disease and substantially reduces the risk for damage to the retina, kidneys, and nerves. The risk is increased for serious hypoglycemia, which places the greatest limitation on treatment. In many patients, successful intensive therapy should reduce diabetes complications in the long term. Treatment is cost effective.<sup>2</sup> In newly diagnosed type 2 diabetes, intensive glucose-lowering therapy helps reduce the risk of cardiovascular disease and serious damage to the retina of the

eye. Treatment is relatively simple, and the risks for side effects are small. Successful intensive therapy of newly diagnosed type 2 diabetes should reduce such complications in the long term. Treatment is cost effective.<sup>3</sup> In patients who have had type 2 diabetes for 5 to 10 years, or longer, the benefits of intensive glucose-lowering therapy are not uniformly greater than the risks, and the cost effectiveness is not clear. The risk for kidney damage is somewhat reduced. Studies present conflicting findings regarding the risk for cardiovascular diseases. It is important to individualize the treatment goals for these patients and balance the risks of side effects (e.g., serious hypoglycemia) against the risks of late diabetes complications, which increase with the rise in HbA1c. New studies with longer follow-up are urgently needed in this patient group. Results

**Intensive insulin therapy in type 1 diabetes**

**Microvascular disease**<sup>1</sup>. Intensive insulin therapy in type 1 diabetes reduces the risk for complications in the eyes, kidneys, and nerves (microvascular disease). The absolute effect is large, approximately 2 to 3 fewer cases per 10 patients during 7 years of treatment (strong scientific evidence).

**Cardiovascular disease**<sup>1</sup>. Intensive insulin therapy in type 1 diabetes reduces the risk for cardiovascular disease in the long term (limited scientific evidence).

**Risks / side effects**<sup>1</sup>. The risk for serious hypoglycemia increases with intensive insulin therapy for type 1 diabetes (strong scientific evidence). The risks increase substantially, approximately 3 times.<sup>2</sup>

**Intensive insulin therapy in type 1 diabetes increases the risks for weight gain** (strong scientific evidence).<sup>3</sup>

**Intensive insulin therapy in type 1 diabetes does not appear to affect quality of life during a 6-year period** (limited scientific evidence).

**Health economics**<sup>1</sup>. Intensive insulin therapy in type 1 diabetes involves low to moderate costs per quality-adjusted life-year (QALY) and is cost effective.

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