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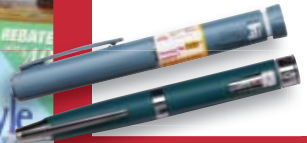
2009 Product Reference Guide



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Mission Statement

Diabetes Health is the essential resource for people living with diabetes—both newly diagnosed and experienced—as well as the professionals who care for them. We provide balanced expert news and information on living healthfully with diabetes. Each issue includes cutting-edge editorial coverage of new products, research, treatment options, and meaningful lifestyle issues.

Letters to the Editor

Send letters by e-mail to editor@diabeteshealth.com. Fax a letter to us at (415) 488-1922. Or mail letters to: *Diabetes Health Letters*, P. O. Box 395, Woodacre CA 94973. All letters and e-mails should include the author's full name, address, and home telephone number. Letters may be edited for clarity and length. Publication of advertisements and product profiles does not necessarily constitute endorsement of a product or service by this organization. Information in *Diabetes Health* is not intended to serve as medical advice. Check with your healthcare provider before modifying any aspect of your treatment.

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In This Issue



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Our Sixth Annual Product Reference Guide contains 11 charts with over 300 products. You'll find the guide is useful all year long. Use it whenever you're contemplating a change in your diabetes care products.

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COVER
This month's cover was shot at Jack's Drugs & Medical Supplies 121Tunstead Ave, San Anselmo, CA (415) 454-1451.
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Product Reference Guide

Welcome to Our Sixth Annual Must-Have Issue

Every year in December, as we indulge in holiday celebrations, our thoughts turn to our impending New Year's resolutions. Healthcare professionals and patients alike resolve the same thing every year: to become more fit and healthy than we were the year before. Especially for those of us who have diabetes, it's important to renew our commitment to a healthy lifestyle.

If you are like most *Diabetes Health* readers, then you are already very proactive about your health and the health of your patients. You know that advances are constantly being made in diabetes medicines and devices, and you realize that overhauling your regimen sometimes requires updating elements of your self-care rather than staying with the old and familiar.

But how do you and your patients make an informed choice among the hundreds of new products? There are so many innovations. Many of the new blood glucose monitors capture historical information about your blood sugars, insulin usage, and more. There are lancets with smaller needles, new insulins and insulin pens, pumps that make insulin delivery more convenient, and medications that help you lead the life you want to live.

That's where our **Sixth Annual Product Reference Guide** comes in. To assist you and your patients in meeting their health goals and updating their medical regimen, we collected over 300 products and a plethora of medication information just for you. Then we collated all this information into eleven practical categories, each with its own chart, so you don't have to thumb through all the pages while looking for something specific. If your medical insurance changes or you are paying cash for a new medical device, you can easily compare the most popular products available. No matter what you are looking for, our Product Reference Guide will help you find something that will meet your needs.

Keep this treasure in a handy place so that any time you need to buy a new medical product or want to better understand medications that are classified in your drug category, you will have a point of reference. You can also find the charts online at www.diabeteshealth.com.

I sincerely hope that you will find this guide useful throughout all of 2009. I would greatly appreciate any feedback you can send us on how you use this Product Reference Guide in your practice.

Best wishes for a happy and healthy New Year! **DH**

—Nadia Al-Samarrie, Editor-in-Chief/Publisher



Do You Take More Than 200 Units of Insulin a Day?

by Marie McCarren

If your patients use more than 200 units of insulin a day (or your child patient needs more than three units of insulin per kilogram of body weight per day), and they aren't reaching their blood glucose goals, you may want to consider recommending U-500 insulin.

Commonly used insulins (long-acting, NPH, regular, or rapid-acting) have 100 units of insulin per milliliter of liquid (U-100). There is one concentrated insulin sold in the United States: U-500 Humulin R. It has 500 units of insulin per milliliter of liquid.

Few doctors are familiar with U-500. Elaine Cochran, MSN, CRNP, and Phillip Gorden, MD, at the National Institute of Diabetes and Digestive and Kidney Diseases, in Maryland, treat an average of 15 patients a year with U-500 insulin. They note U-500 has advantages:

Lower cost: U-500 comes in 20-ml vials. These cost more than twice as much as 10-ml vials of U-100 insulin, but when you figure out the cost per unit of insulin, U-500 is less expensive. And with U-500, you may use fewer syringes and pump cartridges, another savings.

More effective: At a given dose (number of units), the smaller volume of U-500 may work better than the larger volume of U-100.

Cochran's and Gorden's guidelines for making the switch from U-100 to U-500 are in the October issue of the journal *Insulin* (www.insulinjournal.com). In brief, their guidelines are:

If the daily insulin dose is	Options for a U-500 plan
200 to 299 units	Two times a day, 60/40 split (For example, at 8 a.m., 60% of the daily dose; at 6 p.m., 40% of the daily dose) or Three times a day, 40/30/30 split (For example, 8 a.m., noon, and 6 p.m.)
300 to 599 units	Three times a day, 40/30/30 or 45/35/25 or 40/40/20 or Four times a day, 30/30/30/10
600 units or more	Four times a day, 30/30/30/10 Don't inject more than 1000 units at one site.

For doses less than 600 units a day, patients can use U-500 in an insulin pump.



When you figure out the cost per unit of insulin, U-500 is less expensive. And with U-500, you may use fewer syringes and pump cartridges, another savings.

The patient cannot figure their dose on what they plan to eat or what their blood glucose level is right before they give themselves an injection. In other words, they can't do carb counting or correction doses. Cochran and Gorden recommend keeping carbohydrate intake consistent and adjusting doses by 10 percent to 15 percent based on blood glucose trends seen over a week.

U-500 is available by prescription only. The pharmacy will have to special order it, and it may take a day or two.

The patient should ask their doctor to write the prescription in units and in volume and to tell them what that looks like on a U-100 syringe. The instructions should be reviewed by you or with the pharmacist when the prescription is picked up. For example, if the patient needs 150 units three times a day, the prescription might be written as: "Regular Insulin U-500, 150 units, inject 0.3 ml subcutaneously (under the skin) three times daily before meals." On the U-100 syringe, you or your patient will need to draw up what looks like 30 units, but it will really be 150 units because U-500 is five times as strong as U-100 insulin.

Marie McCarren is a medical writer who has specialized in diabetes for 15 years. Her books include *ADA Guide to Insulin & Type 2 Diabetes* and *A Field Guide to Type 2 Diabetes*. [DH](#)

