

Type One Diabetes and access to insulin – professional opinion

Type 1 diabetes mellitus (DM) is a chronic disease of carbohydrate, fat, and protein metabolism caused by the high degree of insulinopenia caused by immune-mediated b-pancreas cells. Type 1 DM can occur at any age with a different pattern.

The greatest change in diabetes therapy in the last decade has been the introduction of insulin analogues. The availability of the new insulin analogues makes physiologic insulin therapy realistic for many patients, because the onset and duration of the action of these analogues more closely mimic healthy basal and prandial insulin secretion. Not only they help with insulin dosing and adjustment, they reduce glucovariability, the common feature across all diabetes types, with different pattern of occurrence and a major cause of morbidity and mortality worldwide.

Rapid-acting insulins include lispro, glulisine, and aspart insulin as well as fast aspart insulin. Long-acting insulins used in include insulin glargine (Lantus, Toujeo) and insulin detemir (Levemir) and degludec (Tresiba)

In conclusion, insulin therapy is a life saving therapy in Type 1 diabetes. There are differences both in short and long acting analogues and represent an advancement in science compared to human insulin- with their property of lessening hypoglycemic events.

I do not feel- in my opinion- a co-payment should be an option for Type 1 diabetes since it represents a life saving option, and, in addition, for products which have specific characteristics which make quality of life better- such as reduction of hypoglycemic events

Dr Partha Kar

A handwritten signature in blue ink that reads "Partha S. Kar". The signature is written in a cursive style with a horizontal line underneath the name.

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