

Therapeutic management of diabetes & Type 3c diabetes management

## **Glucose Management**

• How can we lower glucose levels?

- Insulin
- Oral medication (type 2 and other types of diabetes)
- Dietary modifications
- Physical activity (if able)

#### Metformin

Decreases hepatic glucose production and increases glucose uptake

GLP-1 receptor agonist Improves glucosedependent insulin secretion, suppresses glucagon secretion, slows gastric emptying

Sulphonylureas and meglitinides Increase insulin secretion from pancreatic β-cells

#### SGLT2 inhibitor

Inhibits glucose reabsorption in the kidneys



Increases insulin sensitivity and glucose uptake in skeletal muscle. Decrease lipolysis in adipose tissue and decrease hepatic glucose output

#### Insulin

Increases glucose uptake in skeletal muscle

#### **DPP-4** inhibitors

Prolong GLP-1 action, stimulate insulin secretion, suppress glucagon release

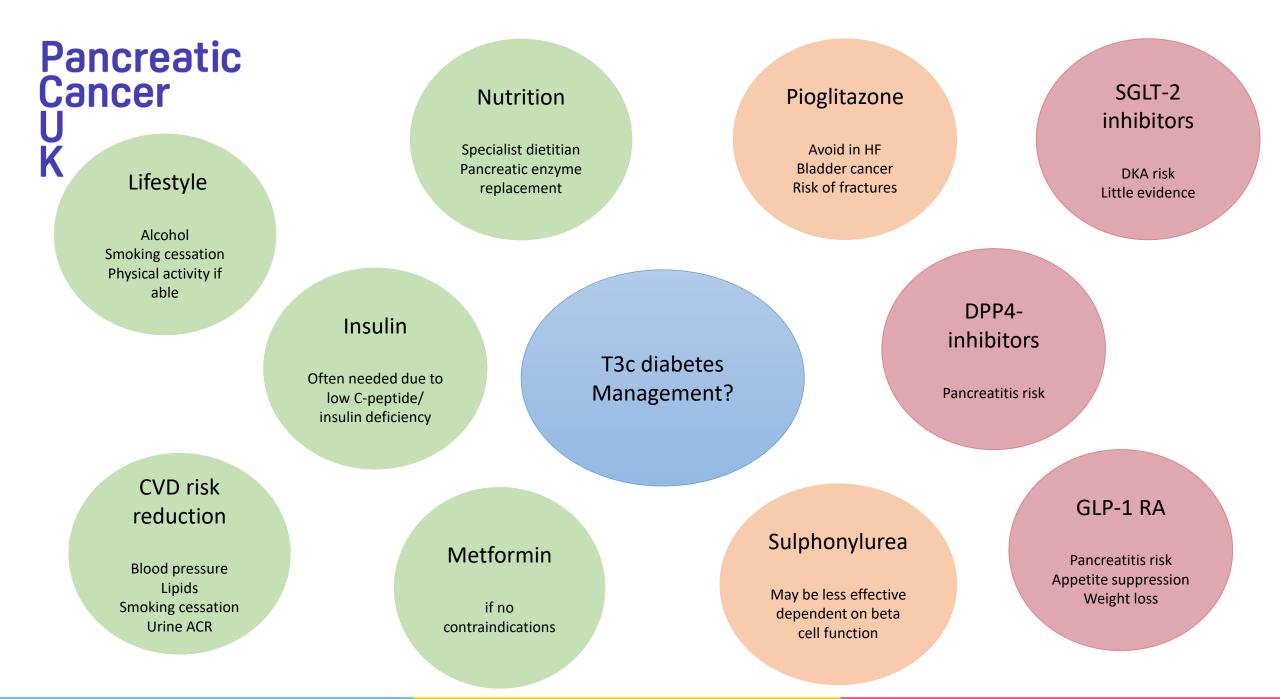
#### Type 3c diabetes

- Assess people with type 3c diabetes every 6 months for potential benefit of insulin therapy.
- 1.3.16 For guidance on managing type 3c diabetes for people who are not using insulin therapy, see the <u>NICE guidelines</u> <u>on type 2 diabetes in adults</u> and <u>diagnosing and managing diabetes in</u> <u>children and young people</u>.
- 1.3.17 For guidance on managing type 3c diabetes for people who need insulin, see:
  - the recommendations on insulin therapy and insulin delivery (including rotating injection sites within the same body region) in the <u>NICE guidelines on type 1 diabetes in</u> adults and diagnosing and managing diabetes in children and young people
  - <u>NICE's technology appraisal</u> <u>guidance on continuous</u> <u>subcutaneous insulin infusion for the</u> <u>treatment of diabetes mellitus</u>.
    [2018, amended 2020]

- 1.3.18 For guidance on education and information for people with pancreatitis and type 3c diabetes requiring insulin, see the <u>recommendations on education</u> <u>and information in the NICE guideline</u> <u>on diagnosing and managing type 1</u> <u>diabetes in adults</u>, and <u>diagnosing and</u> <u>managing diabetes in children and</u> <u>young people</u>.
- 1.3.19 For guidance on self-monitoring blood glucose for people with pancreatitis and type 3c diabetes requiring insulin, see the <u>recommendations on blood</u> <u>glucose management in the NICE</u> <u>guideline on diagnosing and managing</u> <u>type 1 diabetes in adults</u>, and <u>blood</u> <u>glucose monitoring in the NICE</u> <u>guideline on diagnosing and managing</u> <u>diabetes in children and young people</u>.

# Pancreas Fest 2012 Recommendations

- Since the principal endocrine defect is insulin deficiency, insulin therapy is the preferred treatment for most patients.
- The degree of insulin deficiency varies with disease severity and duration.
- Controlling mild hyperglycemia with oral hypoglycemic agents early in the disease history may be a valid approach.



# Metformin

- GI symptoms common (modified release available)
- Weigh neutral but weight loss in some studies
- Low hypo risk

- Cactavis Metformin Tablets Metformin hydrochloride 84 Film-Coated Tablets
- Do not use if eGFR < 30ml/min & reduce dose if eGFR < 45 ml/min
- Omit in severe illness, vomiting or dehydration (rare lactic acidosis risk)
- Monitor and supplement B12



# Sulphonylureas

Gliclazide, Glimepiride, Glipizide

- Stimulate insulin secretion from beta cells
- Need beta cell function for them to be effective
- Useful rescue therapy if osmotic symptoms
- High efficacy
- Well established and inexpensive
- Weight gain
- High risk of hypoglycaemia
- No additional CVD benefit







Abasaglar<sup>®</sup> Humalog<sup>®</sup> 100 units/ml Humalog<sup>®</sup> 200 units/ml Humalog<sup>®</sup> Mix25 Humalog<sup>®</sup> Mix50 Humulin<sup>®</sup> I Humulin<sup>®</sup> M3 Humulin<sup>®</sup> S Lyumjev<sup>®</sup>

Actrapid<sup>®</sup> Fiasp<sup>®</sup> Insulatard<sup>®</sup> Levemir<sup>®</sup> NovoMix<sup>®</sup> 30 NovoRapid<sup>®</sup> Tresiba<sup>®</sup> 100 units/ml Tresiba<sup>®</sup> 200 units/ml Admelog<sup>®</sup> Apidra<sup>®</sup> Lantus<sup>®</sup> Toujeo 300 units/ml Trurapi<sup>®</sup> Hypurin<sup>®</sup> Porcine 30/70 Hypurin<sup>®</sup> Porcine Isophane Hypurin<sup>®</sup> Porcine Neutral

> IIIMylan Semglee<sup>®</sup> (Insulin glargine)



Insulin





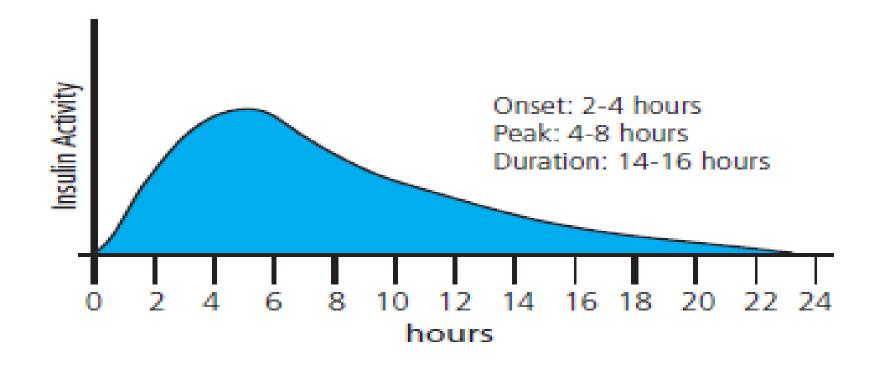
### Humulin I



#### Insulatard

## Intermediate-acting insulin

#### Humulin I, Insulatard

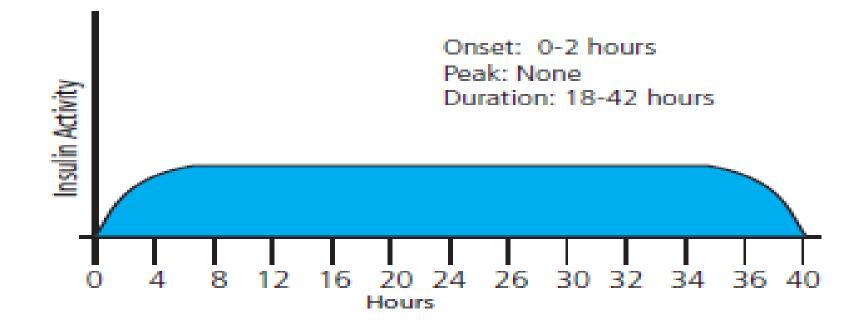


#### **Pancreatic** Long acting (basal) insulin Cancer U K Boehringer Lantus SoloStar -10 **ABASAGLAR®** 100 units/ml sol tion for injection KwikPen<sup>™</sup> 100 U/ml GIARGIE Abasaglar Lantus Semglee 100 units/ml Levemir® FlexTouch® 0,= -9:--solution for injection insulin glARGine Levemir Semglee Toujeo<sup>®</sup> 300 units/m - 0 SoloStar<sup>®</sup> injection **Tresiba®** -<u>0</u> insulin glARGine 100 FlexTouch<sup>®</sup> Toujeo Tresiba

Leicester Diabetes Centre (2018)

## Long-acting insulin

Abasaglar, Lantus, Levemir, Semglee, Toujeo, Tresiba





## Ultra Rapid



#### Lyumjev 100 units/ml





Apidra\* solostar insulin glulisme (r/DAA origin) injection by unitsvme (r/DAA origin) injection by unitsv

#### Humalog 100 units/ml



#### NovoRapid

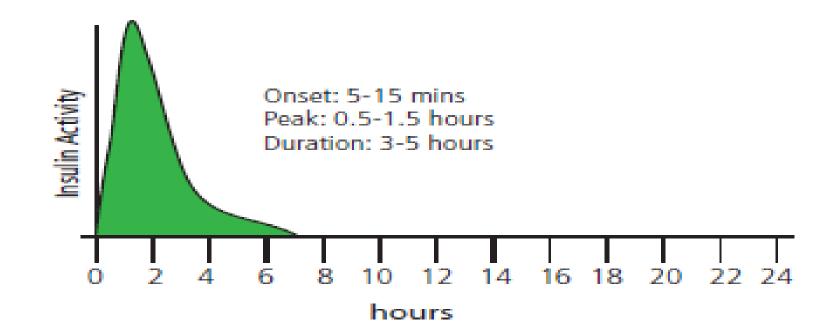


Trurapi

Leicester Diabetes Centre (2018)

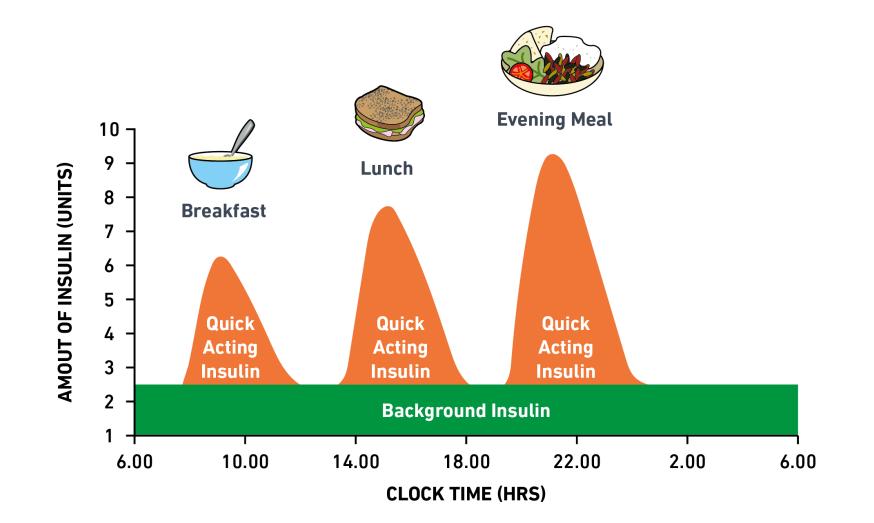
# **Rapid Acting insulin**

Apidra, Admelog, Humalog, NovoRapid, Trurapi



Leicester Diabetes Centre (2018)

## **Basal Bolus Regimen**



## Pancreatic Cancer Mixed (biphasic) Insulins Human Analogues



#### Humulin M3



#### NovoMix 30



#### Humalog Mix 25

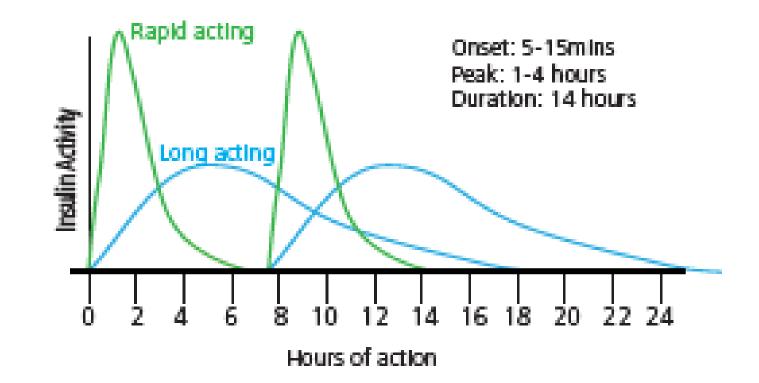


#### **Humalog Mix 50**

Leicester Diabetes Centre (2018)

## Pre Mixed analogues

Humalog Mix 25, NovoMix 30



Insulin types & available medicinal forms within the UK

Insulin action

Intermediate

Basal

<b>Diabetes Specialist</b>	
Nurse Forum UK	6

**Delivery device** 

KwikPen

10ml vial

10ml vial

10ml vial

KwikPen

10ml vial

FlexPen

InnoLet

SoloStar

DoubleStar

FlexTouch Pen

FlexTouch Pen

Pre-filed pen

InnoLet

3ml cartridge\*

3ml cartridges

3ml cartridge\*

3ml cartridge\*

3ml Penfill cartridge\*

3ml Penfill cartridge\*

SoloStar pen

3ml Penfill cartridge\*

\*compatible re-usable

cartridge pen device

NovoPen echo/echo Plus

NovoPen echo/echo Plus

NovoPen echo/echo Plus

NovoPen echo/echo Plus

HumaPen Savvio

NovoPen 5/6

Autopen classic

HumaPen Savvio

All Star PRO

Junior STAR

NovoPen 5/6

NovoPen 5/6

NovoPen 5/6

HumaPen Savvio

HumaPen Savvio

HumaPen Savvio

Autopen Classic

N/A

N/A

N/A

Insulin action	Insulin brand name & manufacturer	Delivery device	*compatible re-usable cartridge pen device
Ultra-Rapid	Fiasp (aspart) Manufacturer: Novo Nordisk	FlexTouch Pen 3ml Penfill cartridge* 10ml vial	NovoPen 5/6 NovoPen echo/echo Plus
	<b>Lyumjev 100 units/ml</b> (lispro) Manufacturer: Eli Lilly	KwikPen Junior KwikPen 3ml cartridge* 10ml vial	HumaPen Savvio
	Lyumjev 200 units/ml (lispro) Manufacturer: Eli Lilly	KwikPen	N/A
Rapid	Admelog (lispro) Manufacturer: Sanofi	SoloStar Pen 3ml cartridge* 10ml vial	All Star PRO Junior STAR
	Apidra (glulisine) Manufacturer: Sanofi	SoloStar Pen 3ml cartridge* 10ml vial	All Star PRO Junior STAR
	Humalog 100units/ml (lispro) Manufacturer: Eli Lilly	KwikPen Junior KwikPen 3ml cartridge* 10ml vial	HumaPen Savvio
	Humalog 200 units/ml (lispro) Manufacturer: Eli Lilly	KwikPen	N/A
	NovoRapid (aspart) Manufacturer: Novo Nordisk	FlexPen FlexTouch Pen 3ml Penfill cartridge* 10ml vial 1.6ml PumpCart	NovoPen 5/6 NovoPen echo/echo Plus
	<b>Trurapi</b> (aspart) Manufacturer: Sanofi	SoloStar Pen 3ml cartridge* 10ml vial	All Star PRO Junior STAR
Short	Actrapid (insulin soluble human) Manufacturer: Novo Nordisk	10ml vial	N/A
	Humulin S (soluble human) Manufacturer: Eli Lilly	3ml cartridge* 10ml vial	HumaPen Savvio
	Hypurin Porcine Neutral (soluble porcine) Manufacturer: Wockhardt	3ml cartridge* 10ml vial	Autopen Classic

\* Re-usable cartridge pens can only be used with company specific insulin 3ml cartridges

NovoMix 30 Pre-mixed FlexPen (aspart protamine) (biphasic) 3ml cartridge\* Manufacturer: Novo Nordisk Humalog Mix 25 KwikPen (lispro protamine) 3ml cartridge\* Manufacturer: Eli Lilly 10ml vial Humalog Mix 50 KwikPen (lispro protamine) 3ml cartridge\* Manufacturer: Eli Lilly Humulin M3 KwikPen (soluble/isophane human) 3ml cartridge\* Manufacturer: Eli Lilly 10ml vial Hypurin Porcine 30/70 Mix 3ml cartridge\* (soluble/isophane porcine) 10ml vial Manufacturer: Wockhardt

Insulin brand name &

manufacturer

Humulin I

Insulatard

Abasaglar

(glargine)

(glargine)

Levemir

(detemir)

(degludec)

Semglee

(glargine)

Lantus

(isophane human)

(isophane human)

(isophane porcine)

Manufacturer: Eli Lilly

Manufacturer: Novo Nordisk Hypurin Porcine Isophane

Manufacturer: Wockhardt

Manufacturer: Eli Lilly

Manufacturer: Sanofi

Toujeo 300 units/ml

Manufacturer: Sanofi Tresiba 100 units/ml

Manufacturer: Novo Nordisk

(insulin glargine 300units/ml)

Manufacturer: Novo Nordisk Tresiba 200 units/ml

(degludec 200 units/ml) Manufacturer: Novo Nordisk

Manufacturer: Viatris

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https://www.diabetesspecialistnurseforumuk.co.uk/whats-new

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#### Pancreatic **Continuous Glucose Monitoring**

1.3.19 For guidance on self-monitoring blood glucose for people with pancreatitis and type 3c diabetes requiring insulin, see the recommendations on blood glucose management in the NICE guideline on diagnosing and managing type 1 diabetes in adults, and blood glucose monitoring in the NICE guideline on diagnosing and managing diabetes in children and young people.

Cancer

Offer adults with type 1 diabetes a choice of real-time continuous glucose monitoring (rtCGM) or intermittently scanned continuous glucose monitoring (isCGM, commonly referred to as 'flash'), based on their individual preferences, needs, characteristics, and the functionality of the devices available. See box 1 for examples of factors to consider as part of this discussion. [2022]

1.6.10

# Pancreatic Continuous glucose monitoring



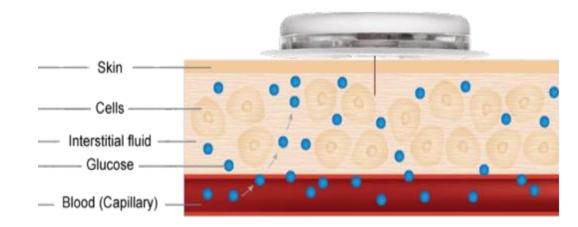
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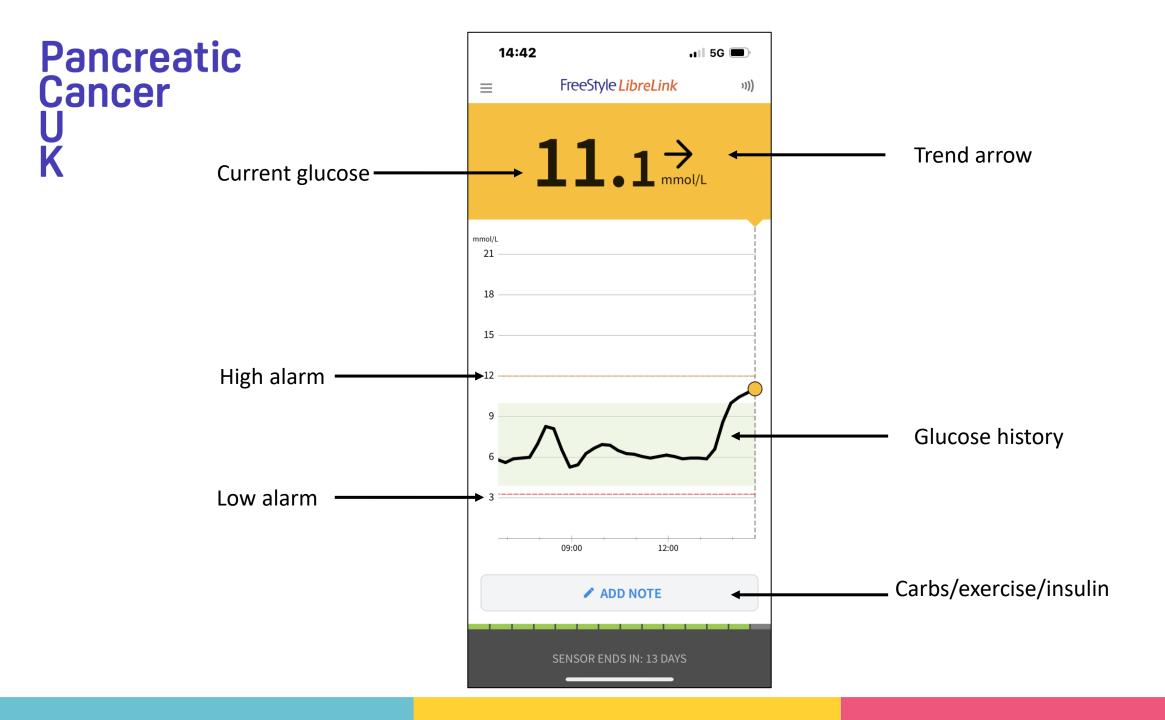




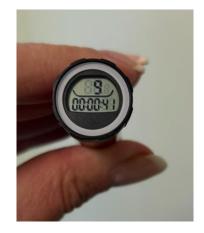








## Smart insulin pens

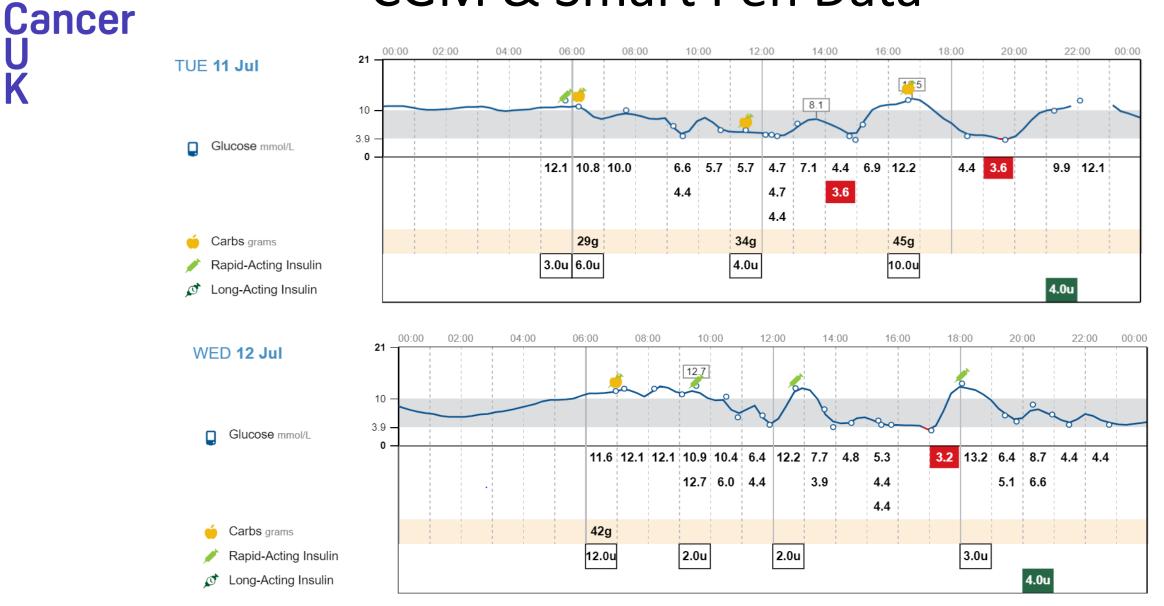






## CGM & Smart Pen Data

**Pancreatic** 



# Challenges of Type 3c Diabetes

- Misdiagnosis is common
- Awareness among HCPs needs raising
- Most require insulin therapy and regular/intensive glucose monitoring (6-10 times per day)
- Extra burden along with pancreatic cancer diagnosis
- Access to technology (CGM) is likely to help but access may be variable across the country
- Certain therapies not appropriate SGLT2i, GLP-1 RA and DPP4i, therefore correct diagnosis and classification is important.

# **Pancreatic** Challenges of Type 3c Diabetes

- Destruction of all islet cells & loss of all pancreatic hormones
  - insulin, glucagon, somatostatin & pancreatic polypeptide (PP)
- Hyperglycaemia
  - Low insulin levels
  - Lack of PP  $\rightarrow$ Hepatic insulin resistance  $\rightarrow$  Unsuppressed glucose production
  - PEI  $\rightarrow$  Reduced incretin secretion  $\rightarrow$  Less insulin released
- Hypoglycaemia common
  - Glucagon deficiency
  - Alongside PEI, poor dietary intake due to pain, chemo, surgery
- Glucose 'swings' from hypo to hyperglycaemia, erratic and unpredictable, difficult to manage
- Ongoing treatment/surgery for pancreatic cancer