

New tools, support and information on insulin use now available to Canadians living with Type 2 diabetes aiming to maintain healthy blood glucose levels

* Panel of Canadian experts recommend new ways to overcome barriers Canadians face when trying to achieving their target glucose (blood sugar) levels.¹

LAVAL, QC, April 12, 2018 /CNW Telbec/ - Faced with the knowledge that an estimated 1.5 million Canadians living with diabetes² are not able to achieve their glycemic targets³, a panel of Canadian Experts was brought together by sanofi-aventis Canada Inc. (Sanofi Canada) to address the common barriers people face in reaching their target glucose levels. The recommendations can be found in the newly published article in the [Diabetes Therapy Journal](#)⁴ entitled "*INSULIN MATTERS: A practical approach to Basal Insulin Management in Type 2 Diabetes regarding Basal Insulin Management*". The panel of experts includes general practitioners (GPs), nurses, nurse practitioners, endocrinologists, dietitians, pharmacists and a psychologist.

The newly published article outlines insights from the panel's multidisciplinary expertise in diabetes management with advice and solutions to address barriers many Canadians face when trying to achieving their target glucose levels. These new tools and resources found in the recommendations showcase the panel's in-depth understanding of the Type 2 diabetes (T2D) management and demystify insulin and its use. From fear of needles and potential undesirable effects, the recommendations highlight how insulin initiation can help patients lead a healthy life along with the help of their Health Care Team.



Why insulin matters

Canadians with T2D may need to take insulin to achieve their target glucose levels and to reduce their risks of complications such as heart disease, kidney disease, loss of vision and amputation of the lower limbs.

Since insulin introduction (initiation) and dose increase (intensification) are important factors in the management of diabetes^{5,6,7,8}, the panel's goal was to help break down and address barriers that people living with T2D may face regarding insulin.

"We identified some barriers from patients that might contribute to delaying the initiation and intensification of insulin in people living with T2D, which could explain why some Canadians are not achieving their target glucose levels. Healthcare professionals will now have more tools and resources to address these barriers in order to better help their patients manage their condition," says Dr. Michael Vallis, Clinical Psychologist, Diabetes Management Centre, Capital Health and Dalhousie University, Halifax, Nova Scotia, Canada.

Health Care Team key to success

Health care teams are a vital resource for Canadians to learn about the tools available for managing their diabetes. Canadians can learn about their target glucose levels, healthy eating and exercise plans and the best treatment options including their insulin initiation plan.

"It is important to encourage and to educate people living with T2D on self-management with the help of their Health Care Team who can demonstrate how the pens and needles work, to self-monitor blood glucose and to prevent and treat hypoglycemia. Reinforcing a healthy lifestyle is also imperative," mentions Sarah Blunden, Certified Diabetes Educator and Professional Dietitian, LMC Diabetes and Endocrinology, Montreal, Quebec, Canada.

Insulin initiation

Insulin is a natural replacement hormone therapy⁹ that can be used when the pancreas is unable to produce enough on its own, due to the progressive nature of T2D.^{10,11,12,13,14}

A new generation of long-acting basal insulins such as insulin glargine 300 U/mL (Gla-300), marketed under the name Toujeo[®], approved by Health Canada in 2015, and which has been studied in a large clinical program¹⁵, makes it possible to lower the amount of glucose in the blood. Since this basal insulin is long-acting, it only needs to be taken once a day, helping Canadians maintain a healthy and active lifestyle, not limited by their medication.

"We are confident that these new resources will help Canadians to achieve their target glucose levels and in turn, improve their quality of life", commented Dr. Upender Mehan, FCFP, Waterloo Wellington LHIN, Kitchener,

Ontario, Canada.

"We at Sanofi Canada are convinced that the energy and efforts invested by health care professionals and our teams can contribute to helping patients receive the best care they need according to the available treatments stemming from the latest advances in diabetes management research," concluded Dr. Hisham A.S. Mahmoud, Medical Director at Sanofi Canada.

To access the "*INSULIN MATTERS: A practical approach to Basal Insulin Management in Type 2 Diabetes regarding Basal Insulin Management*" article, please click [here](#).

About Sanofi Diabetes and Cardiovascular

Diabetes and cardiovascular disease affect millions of people worldwide, with many managing the complex challenges of both. Building on its portfolio evolution, heritage and expertise, Sanofi has implemented a focused business unit dedicated to delivering innovative, value-based medicines and integrated solutions in these therapeutic areas. It is committed to a collaborative approach that involves strategic alliances with professional and patient associations, research institutions and leaders in healthcare and other industries, with the goal of advancing scientific knowledge, driving the convergence of science and technology, helping to improve outcomes and inspiring an evolution in care.

About Sanofi www.sanofi.ca

Sanofi, a global healthcare leader, discovers, develops and distributes therapeutic solutions focused on patients' needs. Sanofi is organized into five global business units: Diabetes and Cardiovascular, General Medicines and Emerging Markets, Sanofi Genzyme, Sanofi Pasteur and Consumer Healthcare. Sanofi is listed in Paris (EURONEXT: SAN) and in New York (NYSE: SNY).

Together, Sanofi entities in Canada employ close to 1,900 people. In 2016, Sanofi companies invested \$130 million in research and development in Canada, creating jobs, economic activity and opportunity throughout the country.

Follow us on Twitter [@SanofiCanada](https://twitter.com/SanofiCanada) and on [YouTube](#).

¹Leiter, L.A., et al., *Type 2 diabetes mellitus management in Canada: is it improving?* Can J Diabetes, 2013. 37(2): p. 82-9.

²<https://www.diabetes.ca/about-diabetes>.

³Leiter, L.A., et al., *Type 2 diabetes mellitus management in Canada: is it improving?* Can J Diabetes, 2013. 37(2): p. 82-9.

⁴<https://link.springer.com/article/10.1007/s13300-018-0375-7>.

⁵Khunti, K., et al., *Clinical inertia with regard to intensifying therapy in people with type 2 diabetes treated with basal insulin*. Diabetes Obes Metab, 2016. 18(4): p. 401-9.

⁶Paul, S.K., et al., *Delay in treatment intensification increases the risks of cardiovascular events in patients with type 2 diabetes*. Cardiovascular Diabetology, 2015. 14(1): p. 100.

⁷Khunti, K., *Clinical inertia in the management of type 2 diabetes mellitus: a focused literature review*. The British Journal of Diabetes, 2015. 15(2): p. 65-69.

⁸Khunti, K., et al., *Clinical inertia in people with type 2 diabetes: a retrospective cohort study of more than 80,000 people*. Diabetes Care, 2013. 36(11): p. 3411-7. doi: 10.2337/dc13-0331. Epub 2013 Jul 22.

⁹Polonsky, W.H. and R.A. Jackson, *What's So Tough About Taking Insulin? Addressing the Problem of Psychological Insulin Resistance in Type 2 Diabetes*. Clinical Diabetes, 2004. 22(3): p. 147-150.

¹⁰DeFronzo, R.A., R. Eldor, and M. Abdul-Ghani, *Pathophysiologic approach to therapy in patients with newly diagnosed type 2 diabetes*. Diabetes Care, 2013. 36 Suppl 2: p. S127-38.

¹¹Pratley, R.E., *The early treatment of type 2 diabetes*. Am J Med, 2013. 126(9 Suppl 1): p. S2-9.

¹²Barag, S.H., *Insulin therapy for management of type 2 diabetes mellitus: strategies for initiation and long-term patient adherence*. J Am Osteopath Assoc, 2011. 111(7 Suppl 5): p. S13-9.

¹³Ross, S.A., *Breaking down patient and physician barriers to optimize glycemic control in type 2 diabetes*. Am J Med, 2013. 126(9 Suppl 1): p. 012.

¹⁴Palumbo, P.J., *The case for insulin treatment early in type 2 diabetes*. Cleve Clin J Med, 2004. 71(5): p. 385-6.

¹⁵Ritzel, R., Roussel, R., Bolli, G. B., Vinet, L., Brulle-Wohlhueter, C., Glezer, S., & Yki-Järvinen, H., *Patient-level*

meta-analysis of the EDITION 1, 2 and 3 studies: glycaemic control and hypoglycaemia with new insulin glargine 300 U/ml versus glargine 100 U/ml in people with type 2 diabetes. Diabetes, Obesity and Metabolism, 2015. 17(9), 859-867.

SOURCE Sanofi Canada

For further information: Sanofi Canada, Catherine R. Cunningham, Tel.: 514-713-1634, catherine.cunningham@sanofi.com; Massy Forget Langlois Public Relations, Bridget Ann Peterson, Tel.: 514-842-2455, ext. 26, bapeterson@mflrp.ca
