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~~The Evaluation of Lantus Effect ON Optimization of use of single dose Rapid insulin (ELEONOR) study investigated whether a telecare program helps optimization of basal insulin glargine with the addition of one bolus injection of insulin glulisine at the main meal in patients with type 2 diabetes whose hyperglycemia is uncontrolled with oral hypoglycemic agents . This article focuses on the effect on QoL and treatment satisfaction among patients.~~

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~~Lantus Effect ON Optimization of use of single dose Rapid insulin (ELEONOR) study investigated whether a telecare pro-gram helps optimization of basal insulin glargine with the addition of one bolus in-jection of insulin glulisine at the main meal in patients with type 2 diabetes whose hyperglycemia is uncontrolled with oral hypo-glycemic agents (6).~~

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~~Optimizing Insulin Glargine Plus One Injection of Insulin Glulisine in Type 2 Diabetes in the ELEONOR Study Similar effects of telecare and conventional self-monitoring of blood glucose on patient ...~~

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To determine the functional health status and treatment satisfaction in patients with type 2 diabetes from the Evaluation of Lantus Effect ON Optimization of use of single dose Rapid insulin (ELEONOR) study that investigated whether a telecare program helps optimization of basal insulin glargine with one bolus injection of insulin glulisine. Functional health status and treatment satisfaction were investigated using the 36-Item Short-Form (SF-36) Health Survey, the World Health Organization ...

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OBJECTIVE To determine the functional health status and treatment satisfaction in patients with type 2 diabetes from the Evaluation of Lantus Effect ON Optimization of use of single dose Rapid insulin (ELEONOR) study that investigated whether a telecare program helps optimization of basal insulin glargine with one bolus injection of insulin glulisine.

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Optimizing insulin glargine plus one injection of insulin glulisine in type 2 diabetes in the ELEONOR study: similar effects of telecare and conventional self-monitoring of blood glucose on patient functional health status and treatment satisfaction. Diabetes Care. 2011; 34(12):2524-6 (ISSN: 1935-5548) Nicolucci A; Del Prato S; Vespasiani G;

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and optimizing the use of the basal insulin analog, insulin glargine, in Type 2 diabetes, leading to the intermediate stage of insulin therapy with the introduction of meal-related, rapid-acting insulin analogs in a stepwise manner prior to a full replacement basal-bolus regimen. Optimizing treatment strategies with insulin glargine

Optimizing treatment strategies with insulin glargine in ...

Nicolucci A, Del Prato S, Vespasiani G. Optimizing insulin glargine plus one injection of insulin glulisine in type 2 diabetes in the ELEONOR study: similar effects of telecare and conventional self-monitoring of blood glucose on patient functional health status and treatment satisfaction. Diabetes Care. 2011; 34:2524-2526. [PMC free article]

Stepwise intensification of insulin therapy in Type 2 ...

Optimizing Insulin Glargine Plus One Injection of Insulin Glulisine in Type 2 Diabetes in the ELEONOR Study: Similar effects of telecare and conventional self-monitoring of blood glucose on patient functional health status and treatment satisfaction

CORE

Glucagon-like peptide-1 receptor agonists (GLP-1 RAs) provide an alternative to prandial insulin, with the benefits of fewer daily injections, and a lower risk of hypoglycemia and weight gain. Two fixed-ratio combinations (FRCs) of basal insulin and a GLP-1 RA are now available in the USA and the EU: insulin glargine + lixisenatide (iGlarLixi) and insulin degludec + liraglutide (IDegLira).

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Optimizing Fixed-Ratio Combination Therapy in Type 2 ...

Optimizing insulin glargine plus one injection of insulin glulisine in Type 2 diabetes in the ELEONOR study: similar effects of telecare and conventional self-monitoring of blood glucose on patient functional health status and treatment satisfaction

lantus insulin | Evidence search | NICE

Insulin glargine, a new insulin analogue developed using recombinant DNA technology, has a flat pharmacodynamic profile and a 24-h duration of action. Results from a recent comparative study indicate that insulin glargine plus oral therapy may provide better post-dinner glucose control as well as less symptomatic and nocturnal hypoglycemia than oral therapy combined with NPH insulin.

Combination therapy with insulin and oral agents ...

Combination therapy using insulin plus metformin (Glucophage), a sulfonylurea, or both produces glycemic control comparable with using insulin alone, but there is less weight gain when metformin is used (strength of recommendation [SOR]: B, based on systematic review of randomized controlled trials [RCTs] with some heterogeneity).

What is the role of combination therapy (insulin plus oral ...

Insulin glargine, a new insulin analogue developed using recombinant DNA technology, has a flat pharmacodynamic profile and a 24-h duration of action. Results from a recent comparative study indicate that insulin glargine plus oral therapy may provide better post-dinner glucose control as well as less symptomatic and nocturnal hypoglycemia than oral therapy combined with NPH insulin.

Combination therapy with insulin and oral agents ...

Insulin glargine plus a short-acting insulin has been compared with isophane insulin for 4 weeks in a double-blind study in 256 patients with type 1 diabetes [23]. The patients were all taking once- or twice-daily isophane insulin and continued to do so or switched to insulin glargine with added zinc 30 or 80 micrograms/ml at bedtime.

Insulin Glargine - an overview | ScienceDirect Topics

All patients with T1DM were treated with conventional basal-bolus insulin therapy (aspart or lispro analogs at the 3 main meals plus glargine or NPH at bedtime). Healthy pregnant women were used as controls for fetal and neonatal parameters. Patients were consecutively enrolled.

Use of glargine in pregnant women with type 1 diabetes ...

Rosenstock J. Once-weekly basal insulin icodec offers comparable efficacy and safety vs. once-daily insulin glargine U100 in insulin naïve patients with type 2 diabetes inadequately controls on OADs.

The American Diabetes Association/JDRF Type 1 Diabetes Sourcebook serves as both an evidence-based reference work and consensus report outlining the most critical components of care for individuals with type 1 diabetes throughout their lifespan. The volume serves not only as a comprehensive guide for clinicians, but also reviews the evidence supporting these components of care and provides a perspective on the critical areas of research that are needed to improve our understanding of type 1 diabetes diagnosis and treatment. The volume focuses specifically on the needs of patients with type 1 diabetes and provides clear and

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detailed guidance on the current standards for the optimal treatment of type 1 diabetes from early childhood to later life. To accomplish the book's editorial goals, Editors-in-Chief, Drs. Anne Peters and Lori Laffel, assembled an editorial steering committee of prominent research physicians, clinicians, and educators to develop the topical coverage. In addition, a Managing Editor was brought on to help the authors write and focus their chapters.

This issue of Endocrinology Clinics brings the reader up do date on the current standards and important advances in insulin therapy. The following clinical topics are discussed: types of insulins, including new insulins; goals of therapy; pathophysiology of, and insulin treatment in type1 and type 2 diabetes mellitus; pumps and glucose sensors; alternative insulin delivery; patient and provider insulin resistance; inpatient insulin therapy; insulin therapy in pregnancy; and pediatric insulin therapy.

As the number of patients with diabetes increases annually, it is not surprising that the number of patients with diabetes who are admitted to the hospital also increases. Once in the hospital, patients with diabetes or hyperglycemia may be admitted to the Intensive Care Unit, require urgent or elective surgery, enteral or parenteral nutrition, intravenous insulin infusion, or therapies that significantly impact glycemic control (e.g., steroids). Because many clinical outcomes are influenced by the degree of glycemic control, knowledge of the best practices in inpatient diabetes management is extremely important. The field of inpatient management of diabetes and hyperglycemia has grown substantially in the last several years. This body of knowledge is summarized in this book, so it can reach the audience of hospitalists, endocrinologists, nurses and other team members who take care of hospitalized patients with diabetes and hyperglycemia.

The book presents a qualitative and quantitative approach to understand, manage and enforce the integration of insulin into diabetes mellitus. Utilizing a sound theoretical and practical foundation and illustrating procedural techniques through scientific examples, the book bridges the gap between insulin and diabetes mellitus management. Detailed procedures have been omitted because of the variety of equipment and commercial kits used in today's clinical laboratories.

Intended for diabetes researchers and medical professionals who work closely with patients with diabetes, this newly updated and expanded edition provides new perspectives and direct insight into the causes and consequences of this serious medical condition from one of the foremost experts in the field. Using the latest scientific and medical developments and trends, readers will learn how to identify, prevent, and treat this challenging phenomenon within the parameters of the diabetes care regimen.

This handbook is an invaluable resource for improving the management of diabetes. Chapters cover the fundamentals, including epidemiology, history and physical examination, and functional evaluations. Diabetes in children, adolescents, adults, and geriatrics are addressed. Differential diagnosis is emphasized, and evidence-based guidelines and patient-specific considerations aid the reader with injury evaluation and care. Notably, the book highlights the importance of understanding diabetic symptoms when determining the source of illnesses. In addition, the text presents the spectrum of treatment options for diabetes. The book is complete with appendices that explain the evidence-based approach used throughout and the science behind therapeutic modalities.

For more than 30 years, the highly regarded Secrets Series® has provided students and

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practitioners in all areas of health care with concise, focused, and engaging resources for quick reference and exam review. A new volume in this trusted series, *Diabetes Secrets* offers practical, up-to-date coverage of the full range of essential topics in this dynamic field. It features the *Secrets* popular question-and-answer format that also includes lists, tables, pearls, memory aids, and an easy-to-read style making inquiry, reference, and review quick, easy, and enjoyable. The proven *Secrets Series* format gives you the most return for your time succinct, easy to read, engaging, and highly effective. Up-to-date coverage of the full range of topics in diabetes, including diabetes during pregnancy; diabetes management in cancer patients; diabetes management during exercise, sports, and competition; diabetes management in hospitalized patients, and more. Top 100 *Secrets* and *Key Points* boxes provide a fast overview of the secrets you must know for success in practice and on exams. Bulleted lists, mnemonics, practical tips from global leaders in the field all providing a concise overview of important board-relevant content. Written by global experts and thought leaders in diabetes. Portable size makes it easy to carry with you for quick reference or review anywhere, anytime.

This title demonstrates how advanced formulation designs and delivery technologies can be used to improve drug efficacy and treatment outcomes in particular therapeutic categories or disease states. It discusses nanoparticle systems for cancer treatments, and also presents cutting edge immuno-regulation agents for transplantation and the local targ

This book is a complete guide to the diagnosis and management of diabetes. Divided into eight sections, the text begins with an overview of the history, epidemiology and pathogenesis of the disease. The next chapters discuss different types diabetes, diagnosis, managements techniques, and monitoring. The following sections cover chronic and acute complications, and diabetes in special situations such as in pregnancy and during Ramadan. The book concludes with discussion on transplant, gene and stem cell therapy, psychosocial aspects, and public health and economics. The comprehensive text is further enhanced by clinical photographs, diagrams and exhaustive references. Key points Comprehensive guide to diagnosis and management of diabetes Covers different types of diabetes and potential complications Includes discussion on diabetes in special situations such as in pregnancy or during Ramadan Features clinical photographs, diagrams and exhaustive references

Considered the definitive source in its field for over 35 years, *Endocrinology: Adult and Pediatric*, has been thoroughly updated to reflect today's recent advances in adult and pediatric endocrinology. Unique perspectives from a team of trusted, world-renowned experts ensure this medical reference book remains the most highly-regarded text in the field. Make the best clinical decisions with an enhanced emphasis on evidence-based practice and expert opinions on treatment strategies. Zero in on the most relevant and useful references with the aid of a more focused, concise bibliography. Locate information quickly, while still getting the complete coverage you expect. Expanded coverage for key topics such as pediatric endocrinology and obesity mechanisms and treatment, in addition to today's hot topics in endocrinology, including endocrine disruptors, bariatric surgery, androgen deficiency, genetic causes of obesity, endocrine rhythms, and the use of tyrosine kinase inhibitors in thyroid cancer. New content addressing the latest advances in testosterone and estrogen replacement, as well as the new causes of calcium and phosphate disorders, new molecular causes of endocrine cancers, new genetic causes of reproductive disorders, and more. Updated clinical guidelines for diabetes, lipid disorders, obesity management, osteoporosis, and more, as well as essential treatment updates for the medical management of acromegaly, Cushing's Disease, hypercalcemia, and diabetes mellitus. New *Key Points* provide snapshots of what to expect in each chapter, or

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