

September 19th, 2006

RE: Insulin and Type I Diabetes

As a physician with a large diabetes referral practice and also as someone who has been using insulin for close to 50 years, I'm very glad to share my opinions regarding the availability of the newer analog insulins. The lack of Pharmacare coverage for analog insulins has long been an issue with me. I have often requested coverage for certain patients knowing full well I will get the standard form letter, curt refusal stating that these insulins have no proven benefit and are considered simply as a "patient convenience". What an insult!

There is absolutely no question whatsoever that for the majority of insulin users, the new analogs are light years ahead of the Toronto and NPH insulins. This is all related to the different kinetics of insulin absorption - which is very easily demonstrated by simple experiments and is very clear to people who use them. It is all about predictability and consistency, which the analogs have and the older insulins do not.

Managing diabetes is incredibly difficult - something NO one who does not have it can truly understand, and if the tools you are using are unpredictable then good management is virtually impossible.

I can now run 10km in the am starting with a blood glucose of 5 and finish with a similar blood glucose...utterly impossible with NPH as a basal insulin. (The only other way to do this would be to use a pump.) There are so many day to day examples where the predictability is so crucial to getting better and safer results. And of course, it is not all about getting a low A1C... that would be easy if you just had to take more insulin...it's about getting an A1C <7 **AND** avoiding significant hypo... impossible using Toronto and NPH!

Far more important than the ability to exercise safely is to simply live safely with diabetes. In my own practice, I have seen many individuals live, often in quiet desperation, a nightmare of recurring severe hypos, causing havoc at home, and at work. All of these individuals can be helped dramatically by switching to analog insulins. Sadly I also am aware of at least 3 people, under 50, who died from likely severe hypos. This of course could not be documented at autopsy, but they had previously been in reasonably good health (apart from a history of severe hypos) and their deaths were entirely unexpected and unexplained.

I can understand how the "subtleties of control" with analog insulins may be difficult to document in a way that impresses Pharmacare but the idea that analog insulins offer little more than "patient convenience" is an utter insult to the cumulated experience of all who have used both types of insulin.... as you know there is simply NO comparison!! And what is convenient about 6 shots a day compared to 2? I could go on and on and on!!.

It is unethical to ask patients to try to get tight control (A1C <7) using the older insulins, as it is a certainty that at some point they will get a severe hypo episode... and in my book, that is a **completely unacceptable side effect of tight control.** Lousy tools make for lousy control and it is a sad fact of life that a great many patients cannot afford the analogs...so they have lousy control and suffer the consequences - which we ALL pay for. It is inexplicable that analog insulins are not fully covered by Pharmacare! What a truly enlightened health system we have!!!???

Andrew Farquhar, MB.ChB, BSc.DA.