Insulin injections are required when the body produces little or no insulin, as with type 1 diabetes. They are also required for some people with type 2 diabetes when diabetes tablets, together with healthy eating and regular physical activity, are not enough to keep blood glucose levels within the recommended target range.

**What is insulin?**
Insulin is a hormone made by special cells, called beta cells, in the pancreas. When we eat, insulin is released into the blood stream where it helps to move glucose from the food we have eaten into cells to be used as energy. Insulin also helps store excess glucose in the liver.

**Why must it be injected?**
While other ways of taking insulin are being developed, they are yet to become readily available. At the time of printing insulin can only be taken by injection or infusion via an insulin pump.

**What if I have to go on to insulin?**
For people with type 2 diabetes, starting on insulin can be a difficult and frightening decision to make. However, the many injection devices and tiny needles available today make injecting insulin much easier than most people imagine. In fact many say that they can feel the finger prick for monitoring blood glucose more than they can feel the needle used to inject insulin. When starting on insulin, your doctor and credentialled diabetes educator will help you adjust to the new routine. You may find that even with their help, it may take a while to find exactly the right dose to reduce your blood glucose to acceptable levels and to suit your particular lifestyle.

**Are there different types of insulin?**
There are five classes of insulin ranging from short to long acting as insulin is classified according to how long it works in the body. Some insulins are clear in appearance, others cloudy. There are several different insulin brands (types) within each class.

As insulin is classified according to how long it works in the body, there are five classes available. Everyone is different and will respond differently to the insulin they take. Therefore, many people need varying amounts of both short and longer acting insulin.
The five classes of insulin and insulin types available in Australia

1. Rapid onset-fast acting insulin
The insulins in the rapid acting class are CLEAR in appearance. They are very fast acting, starting to work from 1 to 20 minutes, peaking approximately one hour later and lasting from 3 to 5 hours. When using these insulins, it is important to eat immediately after injecting.

The types of rapid onset-fast acting insulins currently available are:
   > NovoRapid® (Insulin aspart)
   > Humalog® (Insulin lispro)
   > Apidra® (Insulin glulisine)

2. Short acting insulin
The insulins in the short acting class are CLEAR in appearance. They begin to lower blood glucose levels within half an hour so you need to have your injection half an hour before eating. These have a peak effect at 2 to 4 hours and last for 6 to 8 hours.

Types of short acting insulins currently available are:
   > Actrapid®
   > Humulin® R
   > Hypurin® Neutral (beef)

3. Intermediate acting insulin
The insulins in the intermediate acting class are CLOUDY in appearance. They have either protamine or zinc added to delay their action. These insulins begin to work about 1½ hours after injecting, peaking at 4 to 12 hours and lasting for 16 to 24 hours.

Before injecting any type of insulin in this class, make sure you check the leaflet inside the pack for instructions on how to prepare the insulin, including to gently shake or rotate the insulin before use.

Types of intermediate acting insulins currently available with protamine added are:
   > Protaphane®
   > Humulin® NPH
   > Hypurin Isophane® (beef)

4. Mixed insulin
The insulins in the mixed class are CLOUDY in appearance. They contain pre-mixed combinations of either a rapid onset-fast acting or a short acting insulin mixed with an intermediate acting insulin. This makes it easier as two types of insulin can be given in one injection. If the insulin is ‘30/70’ then it contains 30% quick acting and 70% intermediate acting insulin. ‘50/50’ is 50% of each.

Before injecting this class of insulins, make sure you check the leaflet inside the pack for instructions on how to prepare the insulin, including to gently shake or rotate the insulin before use.

Types of mixed insulins containing a rapid acting insulin currently available are:
   > NovoMix® 30 (30% insulin aspart, 70% protamine crystallised insulin aspart)
Types of mixed insulins containing a short acting insulin currently available are:

- Mixtard® 30/70
- Mixtard® 50/50
- Humulin® 30/70

5. Long acting insulin

The insulins in the long acting class are injected once or twice a day and last up to 24 hours. They are used to provide background (or basal) insulin. Long acting insulins are CLEAR and must not be mixed with any other insulin in a syringe. If you have type 1 diabetes, long acting insulins need to be supplemented with injections of a short or rapid onset–fast acting insulin. If you have type 2 diabetes that now requires treating with insulin, you may need supplements of short or rapid onset–fast acting insulin, or remain on tablets with long acting insulin only. Your doctor will advise you.

Types of long acting insulins currently available are:

- Lantus® (insulin glargine)*
- Levemir® (insulin detemir)*

Lantus is available in a disposable and pre-filled insulin injection device (insulin pen) called a Solostar®, as well as in a 3ml cartridge for use with a durable pen device.

Levemir is available in a disposable pen called a FlexPen® as well as in a 3ml cartridge for use with a durable pen device.

How is insulin given?

There are many different devices available to inject insulin. The main choices include:

**Insulin syringes**
- Insulin syringes are to be used with insulin vials (10ml).
- Syringes are manufactured in 30 unit (0.3ml), 50 unit (0.5ml) and 100 unit (1.0ml) measures. The size of the syringe will depend on the insulin dose eg: it is easier to measure a 10 unit dose in a 30 unit syringe and 55 units in a 100 unit syringe.
- It is best to use each syringe once only.
- Needles on the syringes are available in different lengths ranging from 8mm to 13mm. They also vary in thickness (gauge) – 27G, 29G, 30G and 31G. The higher the gauge the finer the needle. Your doctor or diabetes educator will help you decide which syringe is right for you.
- Syringes are free for people with diabetes registered with the National Diabetes Services Scheme (NDSS). Contact your State or Territory Diabetes Organisation for details on 1300 136 588 or visit www.ndss.com.au.

**Insulin delivery devices**
- Devices (pens) are available in different shapes and sizes. An insulin cartridge (3ml, containing 300 units of insulin) fits into the device. Devices have been developed by insulin manufacturers specifically to fit cartridges with their type of insulins and must not be used with other manufacturers’ insulin cartridges. When

* Listed on PBS. Detemir for type 1 diabetes only.
finished, a new cartridge is inserted. Some pens, however, are pre-filled with insulin and the whole device is disposable. Your doctor or diabetes educator will advise the one that’s right for your needs and lifestyle.

- Many people find ‘pen’ devices easier and more convenient to use than syringes.
- Those who have difficulties with their sight or have problems with arthritis may find the InnoLet® pre-filled device or similar easy to use. Discuss this with your doctor or diabetes educator.
- It is recommended that the needle be changed with each injection.
- Needles vary in length from 4mm to 12.7mm. They also vary in thickness (gauge) – 28G, 29G, 30G, 31G and 32G. You will be advised what needle length is right for you and shown the correct injection technique for the chosen needle length.
- Durable devices: NovoPen® 3, NovoPen® 4, NovoPen® 3 Demi, NovoPen Echo, Clikstar, AutoPen®, HumaPen Luxura Full and Half Dose® and HumaPen Memoir®.
- Pre-filled (disposable) devices: InnoLet®, FlexPen®, NovoLet®, Solostar® and KwikPen®.
- Needles are free for people with diabetes registered with the National Diabetes Services Scheme (NDSS). Contact your State or Territory Diabetes Organisation for details on 1300 136 588 or visit www.ndss.com.au.

**Insulin pump**

- The insulin pump is a small programmable device (about the size of a mobile phone) that holds a reservoir of insulin. The pump is programmed to deliver insulin into the body through thin plastic tubing known as the infusion set or giving set. The pump is worn outside the body, in a pouch or on your belt. The infusion set has a fine needle or flexible cannula that is inserted just below the skin (usually on the abdomen) where it stays in place for two to three days.
- Only rapid onset–fast acting insulins are used in the pump. Whenever food is eaten the pump is programmed to deliver a surge of insulin into the body similar to the way the pancreas does in people without diabetes. Between meals a small and steady rate of insulin is delivered.
- The insulin pump is not suitable for everyone. So, if you’re considering using one, you must discuss it first with your diabetes health care team.
Where is insulin injected?
Insulin is injected through the skin into the fatty tissue known as the subcutaneous layer. You do not give it into muscle or directly into the blood.

Absorption of insulin varies depending on the part of the body into which you inject. The tummy (abdomen) absorbs insulin the fastest and is the site used by most people. The upper arms, buttocks and thighs are also used by some people. While it is essential to give each injection in a slightly different spot within the one site (such as the tummy), it is not advisable to change sites without first discussing it with your doctor or diabetes educator.

What affects the way insulin is absorbed?

Absorption is accelerated by:
• Injecting into an exercised area such as the thigh
• High temperatures (eg: shower, bath, hot water bottle, spa, sauna)
• Massaging the area around the injection site
• Injecting into muscle (the deeper the injection, the faster the insulin will be absorbed).

Absorption can be delayed by:
• Smoking
• Scarring or lumps due to over-use of the same injection site, which causes the flesh to become hard and leads to erratic absorption of insulin
• Cold insulin (eg: injecting immediately after taking insulin from the fridge)
• Variation in insulin absorption (either accelerated or delayed) can cause fluctuations in blood glucose levels
• Not mixing an insulin that requires reconstituting before injecting.

Tips about insulin

Storage
• Keep your unopened insulin vials, ‘pen’ cartridges or pre-filled pens on their side in the fridge. Do not allow to freeze.
• Once opened, insulin may be kept at room temperature (less than 30 degrees) for approximately one month and then thrown away.
• Insulin can be safely carried in your handbag or pocket.
• Insulin may be damaged by extreme temperatures. It must not be left where temperatures are over 30 degrees (remember it can get this hot in the glove box of your car) or in direct sunlight. Insulin must not be allowed to freeze.
Do not use insulin if:
- The clear insulin has turned cloudy
- The expiry date has been reached
- The insulin has been frozen or exposed to high temperatures
- Lumps or flakes are seen in the insulin
- Deposits of insulin are seen on the inside of the vial, pre-filled pen or cartridge and cannot be dissolves by gently rotating
- The insulin has been open for longer than one month.

What’s the best way to dispose of used syringes?
Used syringes, pen needles and lancets must be disposed of in an Australian Safety Standards-approved sharps container which is puncture-proof and has a secure lid. These are usually yellow in colour and are available through pharmacies and your State or Territory Diabetes Organisation.

Procedures to dispose of sharps containers vary from State to State. Contact your State or Territory Diabetes Organisation on 1300 136 588, your State Department of Health or Local Council for information.

Many countries need insulin. If you have spare in-date insulin, please donate to your State or Territory Diabetes Organisation on 1300 136 588 or send directly to Insulin for Life Inc, PO Box 2010 Ballarat Mail Centre, Vic 3354.