



# COVID-19: How to switch from twice-daily to once-daily basal insulin

In light of the current COVID-19 pandemic, there has become a need to re-evaluate the insulin regimens of people in care and residential homes and those who require district nursing visits for insulin administration. This need has arisen in order to reduce contact and therefore reduce risk of contamination, and also to address the current increase in demand for community nursing services.

Many older and frail people remain on twice-daily insulin regimens: either twice-daily NPH insulin or mixed insulin. As people become increasingly frail, it is good practice to review their insulin regimen in order to reduce the risk of hypoglycaemia and daily glycaemic variability. Where once a twice-daily regimen was necessary to achieve their individual targets, as frailty increases it may be more appropriate and safer to use a once-daily basal regimen.

## When planning to switch from twice-daily to once-daily insulin:

Calculate the total daily dose (TDD) of the current insulin regimen: add together all doses irrespective of type (i.e. NPH or mixed)

Check current HbA<sub>1c</sub>. If this is more than 3 months old, repeat test now

If below or on the lower end of individualised target:

**Reduce TDD by 20%\***

If safely within or slightly above ( $\leq 30$  mmol/mol above) individualised target:

**Maintain same TDD\***

If above individualised target by  $>30$  mmol/mol:

**Increase TDD by 10%\***

\*If **Tresiba** is your basal insulin of choice, **reduce TDD by a further 10%** and make adjustments every 3 days until in target

Once the new TDD is established, prescribe this as the starting dose of the chosen once-daily analogue insulin. As with all regimens, this dose may then need further adjustment as indicated by blood glucose monitoring

If moving from a mixed insulin regimen, there may be a slight increase in subsequent HbA<sub>1c</sub>. This can often be optimised by further dose adjustment of the new daily basal regimen

If this change has taken place in light of the current COVID-19 crisis, these regimens can be reviewed once the working situation has returned to normal. It may be good practice to code these patients specifically in order that they can be reviewed again as soon as practically possible

## About this series

The aim of the "How to" series is to provide readers with a guide to clinical procedures and aspects of diabetes care that are covered in the clinic setting.

## Important notes:

This guide is intended to assist with insulin management in people with **type 2 diabetes**, not type 1 diabetes.

**Insulin initiation and adjustment should only be undertaken and overseen by healthcare professionals with the relevant expertise and training.**

## Recommended daily analogue insulins:

- Abasaglar® (glargine)
- Lantus® (glargine)
- Semglee® (glargine)
- Toujeo® (glargine 300 units/mL)
- Tresiba® (degludec)

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