

Hypertension is another story altogether. The prevalence of hypertension among 60-year-olds with diabetes in 2000-2005 was 87%, more than twice that of nondiabetic individuals. Moreover, the prevalence of hypertension among the diabetic population was essentially unchanged since 1970.

The rate of controlled hypertension was less than 27% in 60-year-old diabetic men and women in Framingham during 2000-2005, compared with 45.5% in those without diabetes (Circulation 2009;120:212-20).

Only 40% of diabetic individuals

with high LDL cholesterol had it controlled to guideline target levels in 2000-2005. That's better than the 32% rate among those without diabetes, and a huge improvement over the 13.5% rate in diabetic 60-year-olds during 1990-1999, but a far cry from what is required to erase the high excess cardiovascular risk among the diabetic population, Dr. O'Gara noted.

The prevalence of obesity among diabetic 60-year-olds in 2000-2005 was more than 67%, up sharply from 46% during the prior decade. The rise in obesity among nondiabetic 60-year-

olds was considerably less dramatic, from a 26% prevalence in 1990-1999 to 33% in the most recent data.

"I think we all understand the magnitude of the problem and that some of the solutions to this problem are larger than what we can do on an individual basis, but I encourage us all to keep our eyes on the prize," Dr. O'Gara concluded.

The Framingham Heart Study is funded by the National Heart, Lung, and Blood Institute. Dr. O'Gara reported having no relevant financial interests. ■

## Booklet on Diabetes Care Available

The National Diabetes Education Program offers an evidence-based booklet outlining the latest principles of diabetes care. It includes information on identifying and diagnosing diabetes, care and education of patients, and preventing complications. "Guiding Principles for Diabetes Care" can be downloaded from the Web site at [www.yourdiabetesinfo.org](http://www.yourdiabetesinfo.org). For more information, contact the NDEP by calling 1-888-693-6337. ■

### Indication

Humalog (insulin lispro injection [rDNA origin]) is for use in patients with diabetes mellitus for the control of hyperglycemia. Humalog should be used with longer-acting insulin, except when used in combination with sulfonylureas in patients with type 2 diabetes.

### Important Safety Information

Humalog is contraindicated during episodes of hypoglycemia and in patients sensitive to Humalog or one of its excipients.

Humalog differs from regular human insulin by its rapid onset of action as well as a shorter duration of action. Therefore, when used as a mealtime insulin, Humalog should be given within 15 minutes before or immediately after a meal.

Due to the short duration of action of Humalog, patients with type 1 diabetes also require a longer-acting insulin to maintain glucose control (except when using an insulin pump). Glucose monitoring is recommended for all patients with diabetes.

The safety and effectiveness of Humalog in patients less than 3 years of age have not been established. There are no adequate and well-controlled clinical studies of the use of Humalog in pregnant or nursing women.

**Starting or changing insulin therapy should be done cautiously and only under medical supervision.**

### Hypoglycemia

Hypoglycemia is the most common adverse effect associated with insulins, including Humalog. Hypoglycemia can happen suddenly, and symptoms may be different for each person and may change from time to time. Severe hypoglycemia can cause seizures and may be life-threatening.

### Other Side Effects

Other potential side effects associated with the use of insulins include: hypokalemia, weight gain, lipodystrophy, and hypersensitivity. Systemic allergy is less common, but may be life-threatening. Because of the difference in action of Humalog, care should be taken in patients in whom hypoglycemia or hypokalemia may be clinically relevant (eg, those who are fasting, have autonomic neuropathy or renal impairment, are using potassium-lowering drugs, or taking drugs sensitive to serum potassium level).

**For additional safety profile and other important prescribing considerations, see accompanying Brief Summary of full Prescribing Information.**

**Please see full user manual that accompanies the pen.**

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