Insulin & Lifestyle 101



Every day is different. Everyone is different. Choosing how to deliver your insulin is a personal choice. Which device fits your life: insulin pen, insulin pump or Pod?

Insulin Delivery Device Lifestyle Considerations

| | Multiple Daily Injections | Insulin Pump Therapy ¹ | Pod Therapy ¹ |
|---------------------------------|--|---|--|
| What will you need to carry? | Insulin pen Alcohol swabs Blood glucose meter Test strips Lancing device/lancets | Insulin pump (connected to infusion set by tubing) Blood glucose meter Test strips Lancing device/lancets | Personal diabetes manager (PDM) (Pod is attached to body directly) Blood glucose meter Test strips Lancing device/lancets |
| Where to carry it? | • Supplies are commonly carried in pockets or in a carry case. | Insulin pump is commonly clipped to a belt or pocket. Insulin pump is connected to infusion set by tubing. All other supplies are carried in a separate carry case. | Pod is worn on the body with no attachment to PDM. Pod will deliver basal insulin regardless of PDM location once programmed. PDM is commonly carried in a separate carry case with all other supplies. |
| Considerations | No bolus calculator No ability to adjust basal throughout the day No mechanical device to maintain No wardrobe considerations Nothing to remove for water or intense activity 4-6+ injections required per day Must plan when/where to inject insulin Cost/insurance coverage | Bolus calculator Ability to adjust basal insulin to match your body's needs Must manage tubing Need to disconnect for certain occasions Insulin pump required to be near infusion site Possible mechanical issues Cost/insurance coverage | Bolus calculator Ability to adjust basal insulin to match your body's needs No tubing to manage No need to disconnect until site change Pod is concealed under clothing Possible mechanical issues Cost/insurance coverage |

Insulin Delivery Device

Blood Glucose (BG) Management Considerations

| | Multiple Daily Injections | Insulin Pump Therapy ¹ | Pod Therapy ¹ |
|---|--|---|--|
| ILLNESS Most common: BGs rise Sometimes BGs go low ¹ | Basal insulin is hard to adjust for short term illness, but it may be adjusted for extended illness. Bolus insulin may be adjusted with more frequent injections. | Use the temporary basal feature to temporarily increase or decrease your basal insulin. Bolus insulin may be adjusted without extra injections. | |
| STRESS Most common: BGs rise ¹ | Basal insulin is hard to adjust for short term stress, but it can be adjusted for extended stress. Bolus insulin may be adjusted with more frequent injections. | Use the temporary basal feature to temporarily increase your basal insulin. Bolus insulin may be adjusted without extra injections. | |
| ACTIVITY Most common: BGs go low ¹ | • Basal insulin is hard to adjust for activity. You may need to snack or adjust your boluses to help prevent low BGs. | You may need to disconnect during activity, resulting in disruption in insulin delivery. If not disconnected, the temporary basal feature can be used to decrease basal insulin for a given time period. | You do not need to disconnect your pod. You can use the temporary basal feature to decrease your basal rate while you are active. |
| VARIABLE SCHEDULES | You may need to bolus more often, which will mean more injections. You will be unable to track insulin that is still working in your body from a previous bolus. | You can bolus more often without extra injections. Use advanced bolus features to help with high fat meals and/or extended eating at holidays or parties. You can track your active insulin from a previous bolus to help prevent insulin stacking, which can lead to low BG. | |

Remember to follow your healthcare provider's instructions and check BGs more frequently. The above are guidelines only.

REFERENCES

1. Bolderman, K. Putting your patients on the pump. 2nd ed. American Diabetes Association. 2013.

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