

1) What are the average **insulin** prescription doctors give to diabetics currently? (I know there are 2 types of diabetes and 3 kinds of insulin given to patients)

A: There are type 1 diabetes, type 2 diabetes, gestational diabetes, rare forms of diabetes, and neonatal diabetes. (All patients with type 1 diabetes or neonatal diabetes) and (some of patients with gestational diabetes, type 2 diabetes or rare forms of diabetes) take insulin. The dosage depends on severity of disease, weight, puberty, and level of control. The dose ranges between 0.2 and 1.5 U/kg/day.

See the attached for the classification of diabetes and insulin.

2) What is the hospital estimated occurrence rate of uncommon cases (hypoglycemia/hyperglycemia) occur in one month?

A: This depends on the level of control and compliance of the patient. Also see the attached.

3) What is the common reasons patients tell doctors why their blood sugar becoming too high or too low?

A: poor compliance regarding insulin regimen, nutrition, and exercise. Some are without reasons and are thought to due to the variability of insulin absorption, esp. NPH and Lente.

4) What are the standard regimens to treat different levels of patients?

A: see the attached.

5) How many doses are being used upon which level of patients?

A: see 1) and 4)

6) What are the respected societal aspects on treating diabetics?

A: Diabetes is a difficult chronic disorder and the health care providers need to work hard to help them.

7) How to help patients maintain their insulin regimen?

A: a simple, hypoglycemia-free and hyperglycemia-free regimen will be wonderful.

8) What do you know about the effectiveness and available information of insulin patch technology?

A: Some scientists have tried to use electric current to drive insulin through the skin into the blood stream using patch technology. However, I don't know the result.

Currently the inhaling insulin is at phase II-III study. It might be a promising one.

9) Do you think patients not following regiment are a problem? If so, what would be an ideal solution?

A: Yes. Easy glucose monitoring will be an ideal solution. If glucose can be easily and continuously monitored without finger pricking, the compliance will be much improved. Scientists have tried very hard to develop this kind of monitors using

infra-red technology or others, however, none have been approved by FDA.

10) What is the difference between diabetes treating methods in America and other countries?

A: Mostly similar. More patients are using insulin pumps in the US, because pump therapy is reimbursed by insurance companies in the US. A pump costs about 5,000 USD and an infusion set is 10-20 USD and changed every 3 days. There are 300 children with type 1 diabetes in Mackay Memorial hospital, only 4 are using insulin pumps. Most of them inject insulin 2 – 4 doses/day using syringes, Novopen, or Medijet (a device using high pressure to drive insulin through the skin).