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Scallops & Sweet Peas

Total Time: 30 minutes *Makes 4 servings*

- 1 tablespoon dried thyme leaves
- 2 cups shelled fresh peas (3 pounds unshelled) or frozen peas
- 1½ pounds large dry sea scallops (about 12), tough muscle removed
- ½ teaspoon salt, divided
- ½ teaspoon freshly ground pepper, divided
- 2 cups pea shoots (optional)
- 3 tablespoons extra-virgin olive oil
- 1 teaspoon freshly grated lemon zest
- 1 tablespoon lemon juice

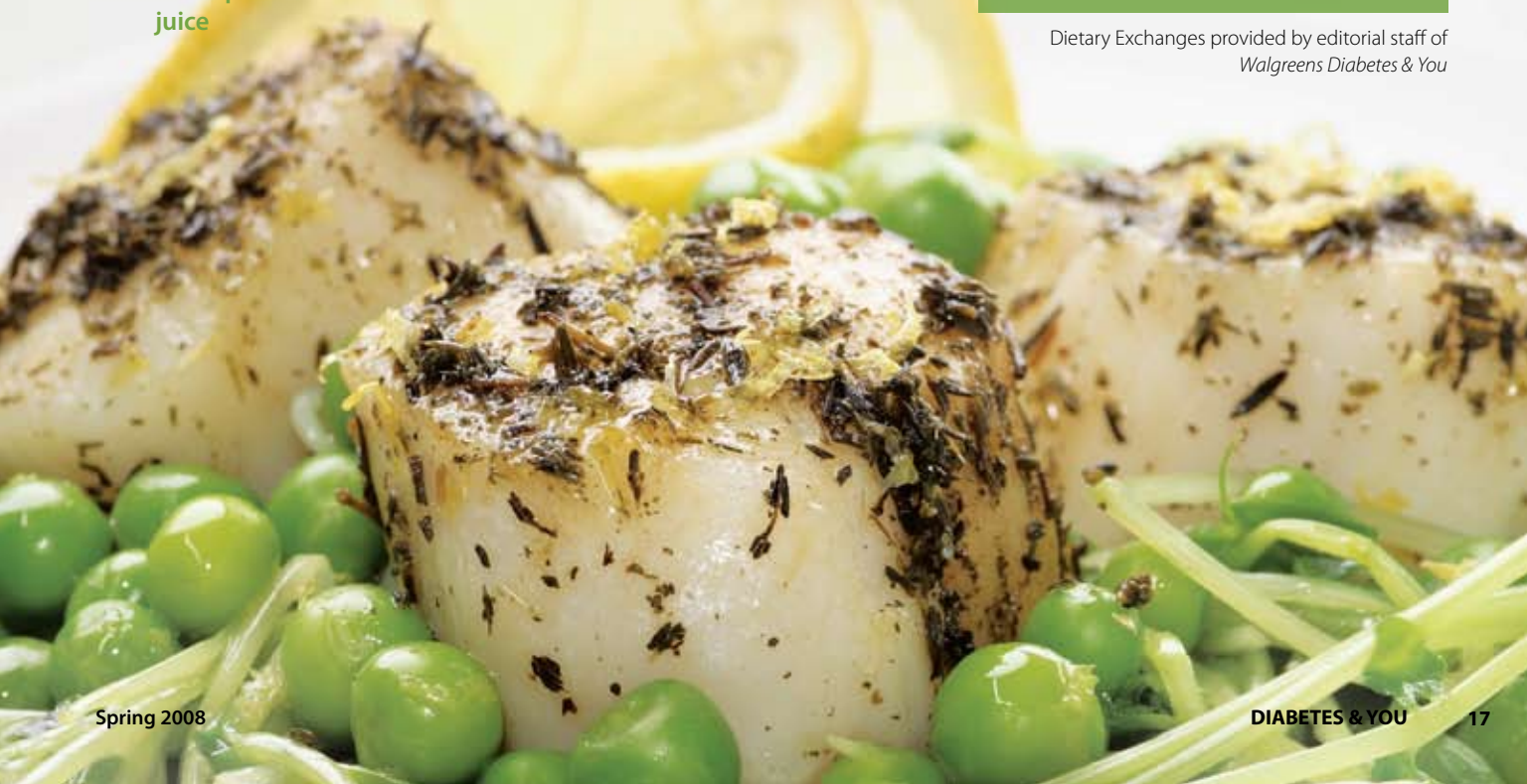
1. Working over a small bowl, rub thyme leaves between your palms until finely powdered. Place a large steamer basket in a Dutch oven; add water to just below the steamer bottom. Add peas to the steamer; top with scallops in a single layer, touching each other as little as possible. Sprinkle with the powdered thyme, ¼ teaspoon salt and ¼ teaspoon pepper.

2. Cover the pot and place over high heat. When steam begins to escape, start timing. Steam for 3 minutes. Add pea shoots (if using), cover and continue steaming until the scallops are just cooked through, 2 to 3 minutes more. Remove from the heat.

3. Meanwhile, whisk oil, lemon zest, lemon juice and the remaining ¼ teaspoon salt and ¼ teaspoon pepper in a small bowl until combined. Spoon the scallops, peas and pea shoots (if using) onto a serving platter, drizzle with the dressing and serve immediately.

NUTRITION INFORMATION Per serving:
305 calories; 12 g fat (2 g sat, 8 g mono); 56 mg cholesterol; 15 g carbohydrate; 32 g protein; 4 g fiber; 646 mg sodium; 669 mg potassium.
Dietary Exchanges: 1 carb, 4 lean meats, 2 fats

Dietary Exchanges provided by editorial staff of *Walgreens Diabetes & You*



Edamame Succotash

with Shrimp

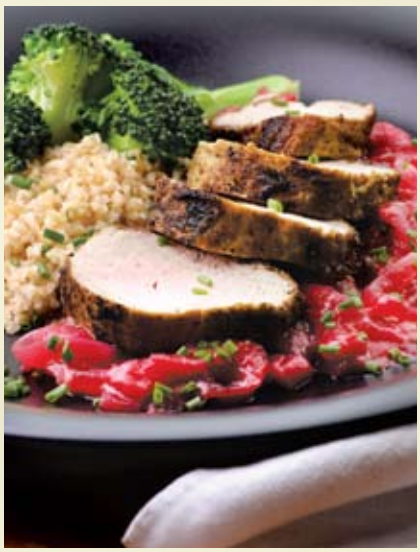
Total Time: 30 minutes
Makes 4 servings, about 1½ cups each

- 2 slices bacon
- 1 tablespoon extra-virgin olive oil
- 1 bunch scallions, sliced, or 1 medium onion, diced
- 1 red bell pepper, diced
- 2 cloves garlic, minced
- 1½ teaspoons chopped fresh thyme
- 1 10-ounce package frozen shelled edamame
- 1 10-ounce package frozen corn (about 2 cups), thawed
- ½ cup reduced-sodium chicken or vegetable broth
- 1 tablespoon cider vinegar
- ¼ teaspoon salt
- 1 pound raw shrimp (26-30 per pound), peeled and deveined
- ¼ teaspoon lemon pepper

1. Cook bacon in a large nonstick skillet over medium heat until crisp, about 5 minutes. Leaving the drippings in the pan, use tongs to transfer the bacon to a plate lined with paper towels; let cool.

2. Add oil to the pan. Add scallions (or onion), bell pepper, garlic and thyme and cook, stirring, until softened, about 3 minutes. Stir in edamame, corn, broth, vinegar and salt. Bring to a simmer; reduce heat to medium-low and cook for 5 minutes. Meanwhile, sprinkle shrimp on both sides with lemon pepper. Scatter the shrimp on top of the vegetables, cover and cook until the shrimp are cooked through, about 5 minutes. Crumble the bacon and sprinkle it on top.

NUTRITION INFORMATION Per serving:
307 calories; 9 g fat (1 g sat, 4 g mono); 172 mg cholesterol; 26 g carbohydrate; 30 g protein; 7 g fiber; 491 mg sodium; 476 mg potassium.
Dietary Exchanges: 2 carbs, 4 lean meats, 1 fat



Roast Pork

with Sweet Onion Rhubarb Sauce

Active Time: 35 minutes
Total Time: 40 minutes
Makes 4 servings

NUTRITION INFORMATION Per serving:
261 calories; 8 g fat (2 g sat, 5 g mono); 68 mg cholesterol; 23 g carbohydrate; 23 g protein; 2 g fiber; 348 mg sodium; 715 mg potassium.
Dietary Exchanges: 2 carbs, 3 lean meats

- 4 teaspoons extra-virgin olive oil, divided
- 1 ½ teaspoons ground coriander
- 1 teaspoon kosher salt, divided
- ¼ teaspoon freshly ground pepper
- 1-1¼ pounds pork tenderloin, trimmed
- 1 large sweet onion, sliced
- 2-4 tablespoons water
- 2 cups diced rhubarb
- ¼ cup red-wine vinegar
- ¼ cup brown sugar
- ¼ cup minced fresh chives

Filet Mignon

with Blueberry-Bourbon Barbecue Sauce

Total Time: 45 minutes *Makes 4 servings*

Barbecue Sauce

- 1½ teaspoons canola oil
- ½ small red onion, chopped
- 2 cloves garlic, chopped
- 1 jalapeño pepper, seeded and chopped
- ¼ cup bourbon
- 1 cup fresh or frozen (not thawed) blueberries
- ¼ cup ketchup
- 3 tablespoons cider vinegar
- 1 tablespoon brown sugar
- 1½ teaspoons molasses
- Pinch of ground allspice

Filet Mignon

- 1 tablespoon chopped fresh thyme
- 1 tablespoon extra-virgin olive oil
- ¾ teaspoon kosher salt
- ½ teaspoon coarsely ground pepper
- 1 pound filet mignon, 1½ to 2 inches thick, trimmed and cut into 4 portions

1. To prepare sauce: Heat oil in a small saucepan over medium heat. Add onion and cook, stirring occasionally, until tender and just starting to brown, 2 to 4 minutes. Add garlic and jalapeño and cook, stirring, until fragrant, about 30 seconds. Add bourbon, increase heat to high and bring to a boil; cook until most of the liquid has evaporated, 2 to 5 minutes. Stir in blueberries, ketchup, vinegar, brown sugar, molasses and allspice; return to a boil. Reduce the heat and simmer, stirring occasionally, until thickened, 15 to 20 minutes.

2. Preheat grill to high.

3. Combine thyme, oil, salt and pepper in a small bowl. Rub the mixture on all sides of steaks. Grill the steaks 3 to 5 minutes per side for medium-rare. Let the steaks rest for 5 minutes before serving with the sauce.

NUTRITION INFORMATION Per serving:
309 calories; 12 g fat (3 g sat, 6 g mono); 67 mg cholesterol; 16 g carbohydrate; 25 g protein; 1 g fiber; 430 mg sodium; 462 mg potassium.
Dietary Exchanges: 1 carb, 3 lean meats, 1 fat

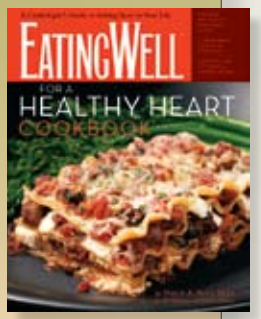
1. Preheat oven to 450°F.

2. Mix 1 teaspoon oil, coriander, ½ teaspoon salt and pepper in a small bowl. Rub the mixture into pork. Heat 1 teaspoon oil in a large ovenproof skillet over medium-high heat. Add the pork and cook, turning occasionally, until brown on all sides, 5 to 7 minutes. Transfer the pan to the oven and roast the pork until an instant-read thermometer registers 145°F, 15 to 17 minutes. Let rest 5 minutes before slicing.

3. Meanwhile, heat the remaining 2 teaspoons oil in a large nonstick skillet over medium heat. Add onion and the remaining ½ teaspoon salt; cook, stirring occasionally, until browned, 7 to 8 minutes. Add 2 tablespoons water; continue cooking, stirring often, until the onion is soft, 5 to 7 minutes more, adding water a tablespoon at a time if necessary to prevent burning. Stir in rhubarb, vinegar and brown sugar and cook, stirring often, until the rhubarb has broken down, about 5 minutes. Spoon the sauce over the sliced pork and sprinkle with chives.

Myth Your blood cholesterol levels are tied to your intake of cholesterol in foods.

Fact Your blood cholesterol levels and your levels of (bad) LDL cholesterol are much more closely tied to your intake of saturated fats and trans fats than they are to the actual intake of cholesterol.



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[1] **Data on file.**

[2] **When lancet device technology was compared to other leading lancet device. Data on file.**

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ACCU-CHEK®

tune-up YOUR diabetes

By Martin J. Abrahamson, MD, Medical Director
and Senior Vice President of Joslin Diabetes Center

Joslin Diabetes Center

It's 2008—hard to believe another year has passed. This is a good time to reflect on achievements and New Year's resolutions or plans. How was 2007 after all? Did you do all that you set out to do? What are your goals and plans for this year? What do you want to achieve in your career? What are your plans for vacations, for buying a house or for investing your money?

But what about your health? What are your health goals for this new year? What is your A1C now, and what should it be? Are your blood pressure and cholesterol levels where they should be? Studies show that people with diabetes who reach and maintain their target glucose, blood pressure and cholesterol levels can greatly lower their risk for developing complications. In fact, keeping your diabetes numbers within your target range may even slow or stop complications from worsening. All of this means that you can lead a long and healthy life with diabetes.

For those of you who have reached your goals—congratulations. And please

keep up the good work. If, on the other hand, your A1C is above 7%, your blood pressure is above 130/80, or your LDL cholesterol (the bad cholesterol) is greater than 100 mg/dL (or above 70 mg/dL if you have heart disease), now's the time to set some new goals. In fact, any improvement in these levels helps and lowers your risk for complications. For example, lowering your A1C by 1% will lower your risk for getting eye, kidney or nerve problems by about 25-35%. And if you can get your A1C less than 7%, blood pressure less than 130/80, your LDL less than 100 mg/dL and, of course, if you stop smoking, you could lower your risk for developing heart disease by almost 50%.

TAKING STEPS TO MEET YOUR GOALS

You may ask, "What can I do to achieve these levels?" For a start, if you have not had a check-up for a while, make an appointment to see your health care provider. Meet with a diabetes educator to review many of the important aspects of diabetes self-care. Set some personal goals around physical activity and weight loss, if these apply to you. Remember that even a small amount of weight loss (5% of your body weight) goes a long way to improving glucose control, as well as your blood pressure and cholesterol levels. And as for physical activity, brisk walking for 30 minutes a day for five days a week will also do much to improve your glucose, blood pressure and cholesterol levels. If you have prediabetes, you can reduce the risk for getting diabetes by 58% if you achieve these goals.

HELP FROM YOUR HEALTH CARE TEAM

Your health care team is right around the corner to help you reach your targets. At Joslin Diabetes Center in Boston, we offer educational programs that range from classes on nutrition, physical activity and overall diabetes health to longer programs that provide both medical care and education. And if you cannot visit our center in Boston, we have 25 affiliated centers around the country that provide similar education and care. There are also plenty of other diabetes programs—probably one right in your own town. To find a diabetes program in your area, go to www.diabetes.org/education/edustate2.asp.

Set some goals around your health, and do your best to meet them.

So start the year the right way: set some goals around your health, and do your best to meet them. While any improvement in glucose, blood pressure and cholesterol levels will be beneficial, the goals for most people with diabetes are as follows:

A1C less than 7%, and as close to normal (6%) as safely possible without risk of low blood glucose (hypoglycemia)

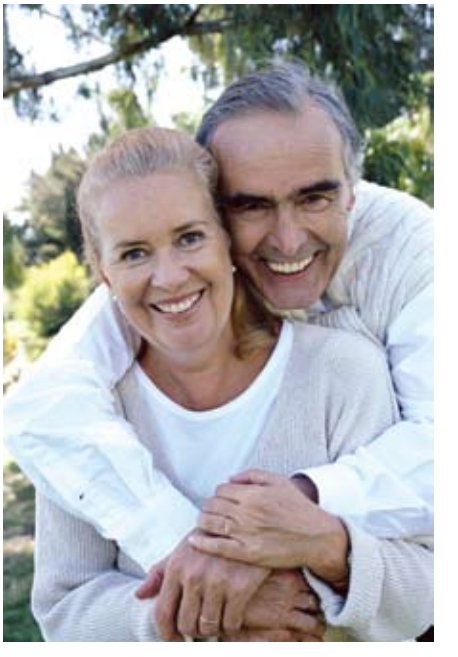
Glucose levels before meals between 90 and 130 mg/dL and 2 hours after meals less than 160 mg/dL

Blood pressure less than 130/80 mm Hg

LDL cholesterol less than 100 mg/dL (or less than 70 mg/dL if you have heart disease or are at high risk for heart disease)

In addition, don't overlook the many medicines that help treat diabetes—medicines that help the insulin in your body work better or that help your pancreas make more insulin. And of course, there is insulin. The insulins available today work better than ever before. And besides injections, there are other ways to deliver insulin, too, such as insulin pens and insulin pumps. Checking your blood glucose is also easier than ever, thanks to the many different types of meters available, as well as continuous glucose-monitoring devices. All of these tools can help you reach your diabetes health goals.

Finally, if you are a smoker, make this the year you stop. There are medicines that you can take to help you stop, as well as programs and support groups. Talk with your health care provider about this and about what else you can do to make this year your healthiest one ever.



* other types of support

In addition to local diabetes education programs, your community likely offers other ways of helping you stay on track, including:

* diabetes support groups * exercise programs * weight control programs

REAL INSULIN SUCCESS STORIES: FRANK ATHERTON, LANTUS® PATIENT SINCE 2001

HIS PASSION: RIDING THE RANGE
HIS POWER: LANTUS® 24-HOUR INSULIN

INDIVIDUAL RESULTS MAY VARY.

Frank was born to be on horseback; he also has type 2 diabetes. And pills alone weren't giving him the control he needed. So he asked his doctor about Lantus,® the only 24-hour insulin approved exclusively for use once a day. As part of an overall diabetes treatment plan, including regular blood sugar testing, taking Lantus® just once at the same time each day helps control blood sugar all day long. It works for Frank.

ASK YOUR DOCTOR ABOUT THE EASY-TO-USE LANTUS® SOLOSTAR® PEN.

THE LANTUS® SOLOSTAR® PEN

- Prefilled with Lantus,® the #1 prescribed insulin*
- One dose works 24 hours
- Uses BD Ultra-Fine™ needle†
- Easy to use

IMPORTANT SAFETY INFORMATION FOR LANTUS®

Prescription Lantus® is for adults with type 2 diabetes or adults and children (6 years and older) with type 1 diabetes who require long-acting insulin for the control of high blood sugar.

Lantus® SoloStar® is a disposable insulin delivery device (insulin pen). **Needles and the SoloStar® pen must not be shared.**

DO NOT DILUTE OR MIX LANTUS® WITH ANY OTHER INSULIN OR SOLUTION. It will not work as intended, and you may lose blood sugar control, which could be serious. Do not change your insulin without talking with your doctor. The syringe must not contain any other medication or residue. You should not use Lantus® if you are allergic to insulin. Lantus® is a long-acting insulin you inject just once a day, at the same time each day. **You must test your blood sugar levels while using an insulin such as Lantus.®**

The most common side effect of insulin, including Lantus,® is hypoglycemia, which may be serious. Other possible side effects may include injection site reactions, including changes in fat tissue at the injection site, and allergic reactions, including itching and rash. In rare cases, some allergic reactions may be life threatening. Tell your doctor about other medicines and supplements you are taking because they can change the way insulin works.

Please see additional important information on the next page.

*Based on TRx data from IMS Health. National Prescription Audit Plus™ (new methodology). May 2003–July 2007.
Ultra-Fine is a trademark of Becton, Dickinson and Company.
†Needle not included with pen.

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Because health matters

Ask your doctor if Lantus® fits into your overall diabetes treatment plan, which includes diet, exercise, and other diabetes medications.

LANTUS®
insulin glargine [rDNA origin] injection
SoloSTAR®

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US.GLA.07.08.077

Brief Summary of Prescribing Information April 2006 **Rx Only**

LANTUS®

(insulin glargine [rDNA origin] injection)

LANTUS® must NOT be diluted or mixed with any other insulin or solution.

INDICATIONS AND USAGE

LANTUS is indicated for once-daily subcutaneous administration for the treatment of adult and pediatric patients with type 1 diabetes mellitus or adult patients with type 2 diabetes mellitus who require basal (long-acting) insulin for the control of hyperglycemia.

CONTRAINDICATIONS

LANTUS is contraindicated in patients hypersensitive to insulin glargine or the excipients.

WARNINGS

Hypoglycemia is the most common adverse effect of insulin, including LANTUS. As with all insulins, the timing of hypoglycemia may differ among various insulin formulations. Glucose monitoring is recommended for all patients with diabetes.

Any change of insulin should be made cautiously and only under medical supervision. Changes in insulin strength, timing of dosing, manufacturer, type (e.g., regular, NPH, or insulin analogs), species (animal, human), or method of manufacture (recombinant DNA versus animal-source insulin) may result in the need for a change in dosage. Concomitant oral antidiabetes treatment may need to be adjusted.

PRECAUTIONS

General:

LANTUS is not intended for intravenous administration. The prolonged duration of activity of insulin glargine is dependent on injection into subcutaneous tissue. Intravenous administration of the usual subcutaneous dose could result in severe hypoglycemia.

LANTUS must NOT be diluted or mixed with any other insulin or solution. If LANTUS is diluted or mixed, the solution may become cloudy, and the pharmacokinetic/pharmacodynamic profile (e.g., onset of action, time to peak effect) of LANTUS and/or the mixed insulin may be altered in an unpredictable manner. When LANTUS and regular human insulin were mixed immediately before injection in dogs, a delayed onset of action and time to maximum effect for regular human insulin was observed. The total bioavailability of the mixture was also slightly decreased compared to separate injections of LANTUS and regular human insulin. The relevance of these observations in dogs to humans is not known.

As with all insulin preparations, the time course of LANTUS action may vary in different individuals or at different times in the same individual and the rate of absorption is dependent on blood supply, temperature, and physical activity.

Insulin may cause sodium retention and edema, particularly if previously poor metabolic control is improved by intensified insulin therapy.

Hypoglycemia:

As with all insulin preparations, hypoglycemic reactions may be associated with the administration of LANTUS. Hypoglycemia is the most common adverse effect of insulins. Early warning symptoms of hypoglycemia may be different or less pronounced under certain conditions, such as long duration of diabetes, diabetes nerve disease, use of medications such as beta-blockers, or intensified diabetes control (see PRECAUTIONS, Drug Interactions). Such situations may result in severe hypoglycemia (and, possibly, loss of consciousness) prior to patients' awareness of hypoglycemia.

The time of occurrence of hypoglycemia depends on the action profile of the insulins used and may, therefore, change when the treatment regimen or timing of dosing is changed. Patients being switched from twice daily NPH insulin to once-daily LANTUS should have their initial LANTUS dose reduced by 20% from the previous total daily NPH dose to reduce the risk of hypoglycemia (see DOSAGE AND ADMINISTRATION, Changeover to LANTUS).

The prolonged effect of subcutaneous LANTUS may delay recovery from hypoglycemia.

In a clinical study, symptoms of hypoglycemia or counterregulatory hormone responses were similar after intravenous insulin glargine and regular human insulin both in healthy subjects and patients with type 1 diabetes.

Renal Impairment:

Although studies have not been performed in patients with diabetes and renal impairment, LANTUS requirements may be diminished because of reduced insulin metabolism, similar to observations found with other insulins (see CLINICAL PHARMACOLOGY, Special Populations).

Hepatic Impairment:

Although studies have not been performed in patients with diabetes and hepatic impairment, LANTUS requirements may be diminished due to reduced capacity for gluconeogenesis and reduced insulin metabolism, similar to observations found with other insulins (see CLINICAL PHARMACOLOGY, Special Populations).

Injection Site and Allergic Reactions:

As with any insulin therapy, lipodystrophy may occur at the injection site and delay insulin absorption. Other injection site reactions with insulin therapy include redness, pain, itching, hives, swelling, and inflammation. Continuous rotation of the injection site within a given area may help to reduce or prevent these reactions. Most minor reactions to insulins usually resolve in a few days to a few weeks.

Reports of injection site pain were more frequent with LANTUS than NPH human insulin (2.7% insulin glargine versus 0.7% NPH). The reports of pain at the injection site were usually mild and did not result in discontinuation of therapy.

Immediate-type allergic reactions are rare. Such reactions to insulin (including insulin glargine) or the excipients may, for example, be associated with generalized skin reactions, angioedema, bronchospasm, hypotension, or shock and may be life threatening.

Intercurrent Conditions:

Insulin requirements may be altered during intercurrent conditions such as illness, emotional disturbances, or stress.

Information for Patients:

LANTUS must only be used if the solution is clear and colorless with no particles visible (see DOSAGE AND ADMINISTRATION, Preparation and Handling).

Patients must be advised that LANTUS must NOT be diluted or mixed with any other insulin or solution (see PRECAUTIONS, General).

Patients should be instructed on self-management procedures including glucose monitoring, proper injection technique, and hypoglycemia and hyperglycemia management. Patients must be instructed on handling of special situations such as intercurrent conditions (illness, stress, or emotional disturbances), an inadequate or skipped insulin dose, inadvertent administration of an increased insulin dose, inadequate food intake, or skipped meals. Refer patients to the LANTUS "Patient Information" circular for additional information.

As with all patients who have diabetes, the ability to concentrate and/or react may be impaired as a result of hypoglycemia or hyperglycemia.

Patients with diabetes should be advised to inform their health care professional if they are pregnant or are contemplating pregnancy.

Drug Interactions:

A number of substances affect glucose metabolism and may require insulin dose adjustment and particularly close monitoring.

The following are examples of substances that may increase the blood-glucose-lowering effect and susceptibility to hypoglycemia: oral antidiabetes products, ACE inhibitors, disopyramide, fibrates, fluoxetine, MAO inhibitors, propoxyphene, salicylates, somatostatin analog (e.g., octreotide), sulfonamide antibiotics.

The following are examples of substances that may reduce the blood-glucose-lowering effect of insulin: corticosteroids, danazol, diuretics, sympathomimetic agents (e.g., epinephrine, albuterol, terbutaline), isoniazid, phenothiazine derivatives, somatropin, thyroid hormones, estrogens, progestogens (e.g., in oral contraceptives), protease inhibitors and atypical antipsychotic medications (e.g. olanzapine and clozapine).

Beta-blockers, clonidine, lithium salts, and alcohol may either potentiate or weaken the blood-glucose-lowering effect of insulin. Pentamidine may cause hypoglycemia, which may sometimes be followed by hyperglycemia.

In addition, under the influence of sympatholytic medicinal products such as beta-blockers, clonidine, guanethidine, and reserpine, the signs of hypoglycemia may be reduced or absent.

Carcinogenesis, Mutagenesis, Impairment of Fertility:

In mice and rats, standard two-year carcinogenicity studies with insulin glargine were performed at doses up to 0.455 mg/kg, which is for the rat approximately 10 times and for the mouse approximately 5 times the recommended human subcutaneous starting dose of 10 IU (0.008 mg/kg/day), based on mg/m^2. The findings in female mice were not conclusive due to excessive mortality in all dose groups during the study. Histiocytomas were found at injection sites in male rats (statistically significant) and male mice (not statistically significant) in acid vehicle containing groups. These tumors were not found in female animals, in saline control, or insulin comparator groups using a different vehicle. The relevance of these findings to humans is unknown.

Insulin glargine was not mutagenic in tests for detection of gene mutations in bacteria and mammalian cells (Ames- and HGPRT-test) and in tests for detection of chromosomal aberrations (cytogenetics in vitro in V79 cells and in vivo in Chinese hamsters).

In a combined fertility and prenatal and postnatal study in male and female rats at subcutaneous doses up to 0.36 mg/kg/day, which is approximately 7 times the recommended human subcutaneous starting dose of 10 IU (0.008 mg/kg/day), based on mg/m^2, maternal toxicity due to dose-dependent hypoglycemia, including some deaths, was observed. Consequently, a reduction of the rearing rate occurred in the high-dose group only. Similar effects were observed with NPH human insulin.

Pregnancy:

Teratogenic Effects: Pregnancy Category C. Subcutaneous reproduction and teratology studies have been performed with insulin glargine and regular human insulin in rats and Himalayan rabbits. The drug was given to female rats before mating, during mating, and throughout pregnancy at doses up to 0.36 mg/kg/day, which is approximately 7 times the recommended human subcutaneous starting dose of 10 IU (0.008 mg/kg/day), based on mg/m^2. In rabbits, doses of 0.072 mg/kg/day, which is approximately 2 times the recommended human subcutaneous starting dose of 10 IU (0.008 mg/kg/day), based on mg/m^2, were administered during organogenesis. The effects of insulin glargine did not generally differ from those observed with regular human insulin in rats or rabbits. However, in rabbits, five fetuses from two litters of the high-dose group exhibited dilation of the cerebral ventricles. Fertility and early embryonic development appeared normal.

There are no well-controlled clinical studies of the use of insulin glargine in pregnant women. It is essential for patients with diabetes or a history of gestational diabetes to maintain good metabolic control before conception and throughout pregnancy. Insulin requirements may decrease during the first trimester, generally increase during the second and third trimesters, and rapidly decline after delivery. Careful monitoring of glucose control is essential in such patients. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed.

Nursing Mothers:

It is unknown whether insulin glargine is excreted in significant amounts in human milk. Many drugs, including human insulin, are excreted in human milk. For this reason, caution should be exercised when LANTUS is administered to a nursing woman. Lactating women may require adjustments in insulin dose and diet.

Pediatric Use:

Safety and effectiveness of LANTUS have been established in the age group 6 to 15 years with type 1 diabetes.

Geriatric Use:

In controlled clinical studies comparing insulin glargine to NPH human insulin, 593 of 3890 patients with type 1 and type 2 diabetes were 65 years and older. The only difference in safety or effectiveness in this subpopulation compared to the entire study population was an expected higher incidence of cardiovascular events in both insulin glargine and NPH human insulin-treated patients.

In elderly patients with diabetes, the initial dosing, dose increments, and maintenance dosage should be conservative to avoid hypoglycemic reactions. Hypoglycemia may be difficult to recognize in the elderly (see PRECAUTIONS, Hypoglycemia).

ADVERSE REACTIONS

The adverse events commonly associated with LANTUS include the following:

Body as a whole: allergic reactions (see PRECAUTIONS).

Skin and appendages: injection site reaction, lipodystrophy, pruritus, rash (see PRECAUTIONS).

Other: hypoglycemia (see WARNINGS and PRECAUTIONS).

In clinical studies in adult patients, there was a higher incidence of treatment-emergent injection site pain in LANTUS-treated patients (2.7%) compared to NPH insulin-treated patients (0.7%). The reports of pain at the injection site were usually mild and did not result in discontinuation of therapy. Other treatment-emergent injection site reactions occurred at similar incidences with both insulin glargine and NPH human insulin.

Retinopathy was evaluated in the clinical studies by means of retinal adverse events reported and fundus photography. The numbers of retinal adverse events reported for LANTUS and NPH treatment groups were similar for patients with type 1 and type 2 diabetes. Progression of retinopathy was investigated by fundus photography using a grading protocol derived from the Early Treatment Diabetic Retinopathy Study (ETDRS). In one clinical study involving patients with type 2 diabetes, a difference in the number of subjects with ≥3-step progression in ETDRS scale over a 6-month period was noted by fundus photography (7.5% in LANTUS group versus 2.7% in NPH treated group). The overall relevance of this isolated finding cannot be determined due to the small number of patients involved, the short follow-up period, and the fact that this finding was not observed in other clinical studies.

OVERDOSAGE

An excess of insulin relative to food intake, energy expenditure, or both may lead to severe and sometimes long-term and life-threatening hypoglycemia. Mild episodes of hypoglycemia can usually be treated with oral carbohydrates. Adjustments in drug dosage, meal patterns, or exercise may be needed.

More severe episodes with coma, seizure, or neurologic impairment may be treated with intramuscular/subcutaneous glucagon or concentrated intravenous glucose. After apparent clinical recovery from hypoglycemia, continued observation and additional carbohydrate intake may be necessary to avoid reoccurrence of hypoglycemia.

DOSAGE AND ADMINISTRATION

LANTUS is a recombinant human insulin analog. Its potency is approximately the same as human insulin. It exhibits a relatively constant glucose-lowering profile over 24 hours that permits once-daily dosing.

LANTUS may be administered at any time during the day. LANTUS should be administered subcutaneously once a day at the same time every day. For patients adjusting timing of dosing with LANTUS, see **WARNINGS** and **PRECAUTIONS, Hypoglycemia.** LANTUS is not intended for intravenous administration (see PRECAUTIONS). Intravenous administration of the usual subcutaneous dose could result in severe hypoglycemia. The desired blood glucose levels as well as the doses and timing of antidiabetes medications must be determined individually. Blood glucose monitoring is recommended for all patients with diabetes. The prolonged duration of activity of LANTUS is dependent on injection into subcutaneous space.

As with all insulins, injection sites within an injection area (abdomen, thigh, or deltoid) must be rotated from one injection to the next.

In clinical studies, there was no relevant difference in insulin glargine absorption after abdominal, deltoid, or thigh subcutaneous administration. As for all insulins, the rate of absorption, and consequently the onset and duration of action, may be affected by exercise and other variables.

LANTUS is not the insulin of choice for the treatment of diabetes ketoacidosis. Intravenous short-acting insulin is the preferred treatment.

Pediatric Use:

LANTUS can be safely administered to pediatric patients ≥6 years of age. Administration to pediatric patients <6 years has not been studied. Based on the results of a study in pediatric patients, the dose recommendation for changeover to LANTUS is the same as described for adults in DOSAGE AND ADMINISTRATION, Changeover to LANTUS.

Initiation of LANTUS Therapy:

In a clinical study with insulin naïve patients with type 2 diabetes already treated with oral antidiabetes drugs, LANTUS was started at an average dose of 10 IU once daily, and subsequently adjusted according to the patient's need to a total daily dose ranging from 2 to 100 IU.

Changeover to LANTUS:

If changing from a treatment regimen with an intermediate- or long-acting insulin to a regimen with LANTUS, the amount and timing of short-acting insulin or fast-acting insulin analog or the dose of any oral antidiabetes drug may need to be adjusted. In clinical studies, when patients were transferred from once-daily NPH human insulin or ultralente human insulin to once-daily LANTUS, the initial dose was usually not changed. However, when patients were transferred from twice-daily NPH human insulin to LANTUS once daily, to reduce the risk of hypoglycemia, the initial dose (IU) was usually reduced by approximately 20% (compared to total daily IU of NPH human insulin) and then adjusted based on patient response (see PRECAUTIONS, Hypoglycemia).

A program of close metabolic monitoring under medical supervision is recommended during transfer and in the initial weeks thereafter. The amount and timing of short-acting insulin or fast-acting insulin analog may need to be adjusted. This is particularly true for patients with acquired antibodies to human insulin needing high-insulin doses and occurs with all insulin analogs. Dose adjustment of LANTUS and other insulins or oral antidiabetes drugs may be required; for example, if the patient's timing of dosing, weight or lifestyle changes, or other circumstances arise that increase susceptibility to hypoglycemia or hyperglycemia (see PRECAUTIONS, Hypoglycemia).

The dose may also have to be adjusted during intercurrent illness (see PRECAUTIONS, Intercurrent Conditions).

Brief Summary of Prescribing Information April 2006

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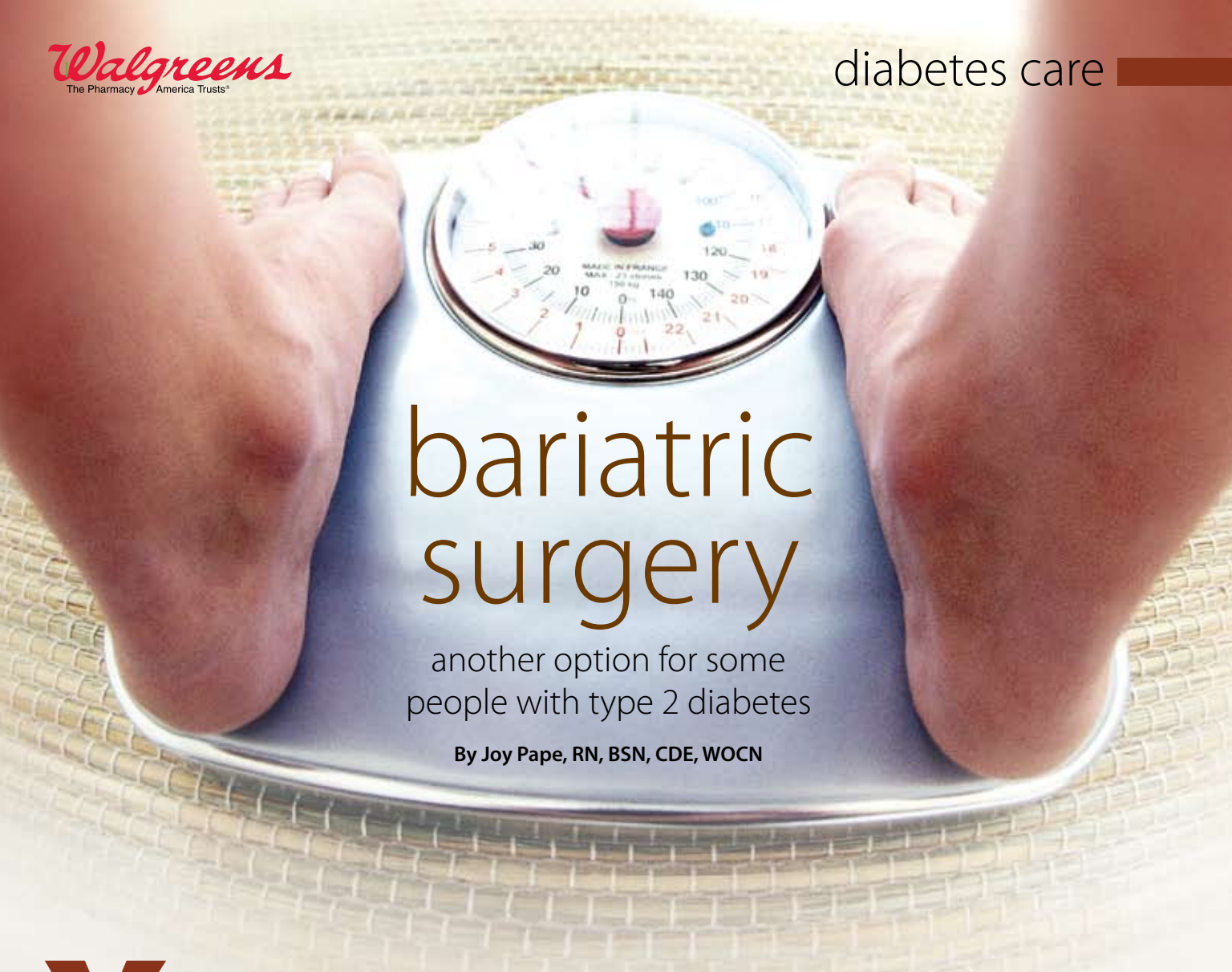
Bridgewater, NJ 08807

Country of Origin Germany
www.lantus.com

LAN-APR06-B-Aa



bariatric surgery

another option for some people with type 2 diabetes

By Joy Pape, RN, BSN, CDE, WOCN

You hear a lot about bariatric surgery or gastrointestinal (GI) surgery, not only for weight loss, but also for the treatment of certain chronic diseases, including type 2 diabetes and high blood pressure. If you are overweight and have had great difficulty in losing weight and keeping it off, you may wonder if this is a good option for you.

ANNIE AND BOB WONDERED THE SAME THING

Annie tried every diet in the world. She kept a food diary and counted calories, fat grams and carbs. Annie bought and ate special foods, and increased her activity many times, only to feel like she was getting nowhere. Each time she tried, she didn't lose enough weight to make much of a difference. "I was hungry all the time and would give up and go back to my old ways." Knowing that something had to change, she asked her doctor about the safety of gastric bypass surgery. He gave her the go-ahead.

It's been a year and a half now, and Annie has lost about 100 pounds. Although she would like to lose more, she's pleased with her weight loss, her energy, her decrease in medications and how much better her diabetes is doing.

Bob also knew he had to lose weight to better manage his diabetes. Bob had never really tried to lose weight before. He was aware that if he had the surgery he wouldn't be able to eat very much. "I like to eat too much. I'm willing to learn how to make healthier choices. I know I have to do something about my diabetes, so I'll try eating differently and being more active. I really don't think I want or need the surgery." Bob was right. He met with a diabetes educator and learned how to make some changes in his life. He lost 27 pounds, and his diabetes is much better managed.

> The more motivated and committed you are, the better you will do.

IS BARIATRIC SURGERY FOR ME?

To decide whether bariatric surgery is for you, here are some important things to know:

1 If you qualify.
You or your loved one may be a candidate if you have:

- tried to lose weight but continue to be severely obese or if you have obesity-related diseases.
- a Body Mass Index (BMI) of 40 or higher. BMI is a measure of your body fat based on your height and weight. A BMI of 40 is about 100 pounds overweight for men and 80 pounds overweight for women.
- a BMI between 35 and 39.9 with obesity-related health problems such as type 2 diabetes, high blood pressure, heart problems and sleep apnea.
- an understanding of the surgical procedure itself, as well as the changes you will need to make after surgery for the rest of your life.

2 The cost.
Bariatric surgery usually costs $20,000 to $35,000 and is not covered by all medical plans. Check to make sure your plan covers the type of surgery you choose, or decide whether you can afford to pay for this yourself.

3 The facts.
Not everyone does well after bariatric surgery. Your chances to do well are related to your goals, motivation and the skill of your surgeon and health care team. Your goals may be to lose over 100 pounds and stop taking your diabetes medications. If in the end you lose 80 pounds, and you need fewer medications, you will have still made progress. Make sure you understand what you need to do after surgery and choose an experienced surgeon for the best chance of a good result.

4 The potential complications.
Complications include, but are not limited to: bleeding, problems associated with anesthesia and medications, blood clots, separation and/or leaks at the stapled and stitched areas, infections, lung problems, spleen problems and even death.

5 The restrictions.
You will need to make life-long dietary changes. Once you are able to eat solid food, you will need to chew your food very well and eat slowly by waiting 2 to 3 minutes between each bite of food. You will only be able to eat very small amounts food at one time. Right after surgery, you'll be able to eat about ¼ cup of food at a time and about the amount of food you would find in a single frozen meal at a time one year or more after surgery. Dumping syndrome results from food passing too quickly from your stomach into your small intestine. This can be caused by foods that contain added sugars (not natural sugar found in fruit) and, for some, a high-fat meal or snack. Avoiding these types of foods helps.

Although bariatric surgery is now considered a treatment for people with type 2 diabetes who are severely obese, it is important that you understand what it entails. Many people think it's a quick fix. The truth is, there is no quick fix for weight loss, diabetes or any chronic disease. As well as having the surgery and eating differently for the rest of your life, you will also need to exercise because exercise will help you keep weight off. You will also need to take vitamins and minerals on a regular basis and get lab tests yearly or more often. Remember, bariatric surgery is only a tool for better health.

If you do choose bariatric surgery, do your homework first. This includes talking with your health care team about the best options for you. You can also visit a support group for people who have had the surgery. And remember: The more motivated and committed you are, the better you will do.

* types of bariatric surgery

There is more than one type of bariatric surgery. Following are the most common types of surgery for people who have diabetes:

- **Gastric banding surgeries.**
These are easier to perform and are generally safer than the other surgeries. Although you will lose weight, most people usually lose less weight with these surgeries than with the combined restrictive/malabsorptive surgeries.

- **Roux-en-Y gastric bypass (RGB).**
These operations, called combined operations, are the most common bariatric procedures. They restrict both food intake and the amount of calories and nutrients the body absorbs. With these surgeries, you start to lose weight quickly and continue to lose for about two years. Because these surgeries cause more weight loss, they are more effective in improving health problems such as type 2 diabetes.

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You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

* Needles are sold separately and may require a prescription in some states.

Reference: 1. IMS Health Inc., IMS MIDAS (12 months ending September 2007).

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