Hypoglycemia is a challenge in managing patients with T2D

Although patients with type 2 diabetes (T2D) are often perceived to be at lower risk for hypoglycemia than patients with type 1 diabetes, it is a common—and potentially severe—adverse effect of some antidiabetic treatments, including sulfonylureas, glinides, and insulin. Hypoglycemia adversely affects quality of life, treatment satisfaction, and medication adherence, which in turn can impact the patient’s overall health.

Important Considerations

Hypoglycemia can be difficult to identify

• Some patients do not experience symptoms, so an episode of hypoglycemia may go unnoticed unless caught by routine self-monitoring of blood glucose. If symptoms are recognized, they may not be remembered or reported to the healthcare professional (HCP).

• HCPs can educate their T2D patients about the signs and symptoms of hypoglycemia and provide coping tools.

There are multiple risk factors for hypoglycemia

• Patients with T2D of longer duration are at increased risk for hypoglycemia.

• Other risk factors include advancing age, multiple comorbidities and complications, renal impairment, depression, unawareness of hypoglycemic symptoms, polypharmacy, and recent hospitalization.

• In older adults, the ability to perform self-care may be compromised by some of these complicating factors.

• Tight glucose control may increase the risk of hypoglycemia, particularly in an inpatient setting.

Hypoglycemia can affect medication adherence

• Adverse events and tolerability issues such as hypoglycemia can result in patients reducing adherence, or switching or quitting treatments.

• Fear of future episodes can cause patients to change self-management behaviors, which could result in suboptimal glycemic management.

Quality of life and health status can be adversely affected

• Hypoglycemia affects cognitive function and mood, and can cause physical symptoms such as headaches; sweating; shakiness; weakness; lack of coordination; and feeling faint, dizzy, or light-headed.

• Hypoglycemia is associated with increased healthcare use, including hospitalization and emergency department visits.
When selecting antihyperglycemic medication, minimization of the risk and severity of hypoglycemia should be a goal1,2,6. Balance the glucose-lowering efficacy of an agent against its potential to increase the risk of hypoglycemia6. Implement surveillance and treatment protocols in long-term care facilities4. Monitor hospitalized patients with T2D for hypoglycemia, paying close attention to matching the antihyperglycemic regimen to nutritional intake11. Simplify complex regimens for patients and caregivers, particularly for older patients or patients whose cognition may be impaired4. Assess patients for hypoglycemia at every office visit, particularly those taking insulin and insulin secretagogues. A sample questionnaire appears at the end of this brochure4. Educate patients and caregivers about the signs and treatment of hypoglycemia to help minimize the risks2,4. Recognize and address hypoglycemia as a tolerability issue to decrease its bothersome effect on patients and promote treatment satisfaction and improved medication adherence6,7.

Steps to Minimize the Risks of Hypoglycemia

- When selecting antihyperglycemic medication, minimization of the risk and severity of hypoglycemia should be a goal1,2,6.
- Balance the glucose-lowering efficacy of an agent against its potential to increase the risk of hypoglycemia6.
- Implement surveillance and treatment protocols in long-term care facilities4.
- Monitor hospitalized patients with T2D for hypoglycemia, paying close attention to matching the antihyperglycemic regimen to nutritional intake11.
- Simplify complex regimens for patients and caregivers, particularly for older patients or patients whose cognition may be impaired4.
- Assess patients for hypoglycemia at every office visit, particularly those taking insulin and insulin secretagogues. A sample questionnaire appears at the end of this brochure4.
- Educate patients and caregivers about the signs and treatment of hypoglycemia to help minimize the risks2,4.
- Recognize and address hypoglycemia as a tolerability issue to decrease its bothersome effect on patients and promote treatment satisfaction and improved medication adherence6,7.


This information has been developed by Janssen Pharmaceuticals, Inc., and made widely available to support patient and provider education.
Hypoglycemia Questionnaire for Patients With Type 2 Diabetes

1. How often can you tell by your symptoms that your blood sugar (glucose) is low? (Check one)
   - O Never
   - O Rarely
   - O Sometimes
   - O Often
   - O Always

2. What are your usual symptoms of low blood sugar?
   - O Headache
   - O Sweating
   - O Shakiness/trembling
   - O Weakness
   - O Lack of coordination
   - O Faintness
   - O Dizziness or lightheadedness
   - O Other (list) ____________________________

3. In a typical week, how many times will your blood sugar go below 70 mg/dL? ______ times a week

4. When your blood sugar goes below 70 mg/dL, what is the usual reason for this?

   ____________________________

   ____________________________

5. How many times have you had a severe hypoglycemic episode where you needed someone’s help and were not able to treat yourself?
   Since your last visit: ______ times    In the last year: ______ times (Please answer both)

6. How many times have you had a moderate hypoglycemic episode where you could not think clearly, properly control your body, had to stop what you were doing, but you were still able to treat yourself?
   Since your last visit: ______ times    In the last year: ______ times (Please answer both)

7. How often do you carry a snack or glucose tablets or gel with you to treat low blood sugar? (Check one)
   - O Never
   - O Rarely
   - O Sometimes
   - O Often
   - O Almost always
   - O Always
8. How low does your blood glucose get before you think you should treat it?
   Less than ____________ mg/dL

9. What food or drink do you usually use to treat low blood sugar?

   __________________________________________________________

   How much? _____________________________________________

10. Do you check your blood sugar before driving? (Check one)
    ○ Yes, always    ○ Yes, sometimes    ○ No

11. How low does your blood sugar need to go before you think you should not drive?
    Less than __________ mg/d

12. If you take insulin, do you have a glucagon emergency kit? (Check one)
    ○ Yes    ○ No

13. Does a spouse, relative, or another person close to you know how to administer glucagon?
    (Check one)    ○ Yes    ○ No