

Humalog®Mix: Keep it simple for optimal glycaemic control

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Abstract

Optimal glycemic management requires control of both fasting plasma glucose (FPG) and postprandial plasma glucose (PPG). Delayed insulin initiation due to clinical inertia may contribute to progressive β -cell dysfunction and increased risk of diabetes-related complications. South Asian populations develop type 2 diabetes at a younger age and exhibit a distinctive metabolic phenotype characterized by early insulin resistance and hyperinsulinemia, followed by accelerated β -cell decline. Despite relatively lower BMI, greater visceral and ectopic adiposity, reduced muscle mass, and the “thin-fat” phenotype contribute to increased metabolic risk. Dyslipidemia, low adiponectin, chronic inflammation, NAFLD, micronutrient deficiencies, and altered gut microbiota may further exacerbate this susceptibility. Premixed insulin formulations are recognized by several international and national guidelines, including IDF, NICE, CDA, and JAPI, as options for insulin initiation and intensification. By combining basal and prandial components, premixed analogues provide coverage of both FPG and PPG while simplifying treatment regimens. In the PARADIGM study, insulin lispro mix 25 demonstrated non-inferiority to basal-bolus therapy, with 40.0% versus 39.1% of participants achieving HbA1c <7% at 48 weeks and comparable hypoglycemia profiles. Insulin lispro mix 50, with a greater prandial component, may provide an appropriate option for patients with prominent PPG excursions. Thus, premixed insulin analogues represent a practical strategy for achieving comprehensive glycemic control. [*J Assoc Clin Endocrinol Diabetol Bangladesh*, 2026;5(Suppl 1): S28]

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