Understanding ultralente insulin: A comprehensive overview

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INTRODUCTION

Insulin, a critical hormone in the regulation of blood glucose levels, plays a pivotal role in the management of diabetes. Among the various types of insulin available for diabetes management, Ultralente insulin stands out due to its unique properties and historical significance. This article delves into what Ultralente insulin is, its characteristics, benefits, and how it compares to other insulin types. Ultralente insulin is a long-acting form of insulin that was first introduced in the 1970s. It is a member of the insulin family known for its extended duration of action.

DESCRIPTION

Ultralente insulin was developed to provide a steady, prolonged release of insulin into the bloodstream, aiming to more closely mimic the body's natural insulin release and help manage blood glucose levels over an extended period. Ultralente insulin is known for its extended duration of action. Typically, it works for up to 24 hours to 36 hours, making it one of the longest-acting insulins available. This long duration helps in maintaining stable blood glucose levels throughout the day and night, reducing the need for multiple daily injections. Unlike rapid-acting insulins, which start working within minutes, Ultralente insulin has a slower onset. It usually begins to take effect approximately 4 hours to 6 hours after injection, with its peak activity occurring around 12 hours to 18 hours later. This slow and steady release is designed to provide a consistent level of insulin in the bloodstream. Ultralente insulin is a crystalline form of insulin, which contributes to its prolonged action. It is available in a vial or in prefilled pens, making it relatively easy to administer. One of the primary benefits of Ultralente insulin is its ability to provide stable blood glucose control over an extended period. This can be particularly beneficial for individuals who require basal insulin coverage throughout the day and night. Due to its long-acting nature, Ultralente insulin reduces the need for multiple daily injections compared to shorter-acting

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insulins. This can enhance convenience and adherence to the insulin regimen. For some individuals with diabetes, Ultralente insulin can lead to better overall glycemic control by reducing the fluctuations in blood glucose levels that can occur with shorter-acting insulins. Ultralente insulin is part of a broader family of insulins, which includes rapid-acting, short-acting, intermediate-acting, and ultra-long-acting insulins. Rapid-acting insulins start working within minutes and have a short duration of action, typically lasting about 3 hours to 5 hours. They are often used around mealtime to manage postprandial glucose spikes. In contrast, Ultralente provides a more prolonged and steady release, making it more suitable for basal insulin needs. Intermediate-acting insulins, such as NPH (Neutral Protamine Hagedorn), also offer a prolonged duration of action, generally lasting 10 hours to 16 hours. While NPH has a more variable peak and duration, Ultralente provides a more stable and extended duration, which can be beneficial for maintaining consistent blood glucose levels. Ultra-long-acting insulins, such as Glargine and Degludec, have an even longer duration of action, often exceeding 24 hours. These newer formulations offer a flatter insulin release profile compared to Ultralente, which may lead to fewer fluctuations in blood glucose levels. While Ultralente insulin was once a popular choice, it has largely been replaced by newer long-acting insulins that offer even greater stability and flexibility. Insulins like Glargine and Degludec provide more predictable blood glucose control and have become the standard for long-acting insulin therapy. However, understanding the historical role of Ultralente insulin helps appreciate the evolution of insulin therapies and the continuous improvements aimed at enhancing diabetes management. For individuals who may still be using Ultralente insulin, it remains an effective option for maintaining stable blood glucose levels.

CONCLUSION

Ultralente insulin played a significant role in the development of long-acting insulin therapies and continues to be a part of the insulin landscape. Its extended duration of action, compared to other insulins, highlights its utility in managing diabetes over an extended period. While newer insulins offer advancements in glycemic control, Ultralente insulin's legacy underscores the ongoing progress in diabetes care and the pursuit of optimal blood glucose management solutions.