THE ABLE DIABETIC
Able Guide No. 4

The Basal-Bolus Regime: A Plain English Guide

What it is, how it works, and what life on it actually looks like

Why this guide exists

If you have been living with Type 1 diabetes for some years, or if you spend any time reading about T1D management, you will come across the term "basal-bolus regime" regularly. It appears throughout diabetic literature, clinic notes, and educational materials.

It is worth understanding clearly - both what it is, and where it sits in the broader picture of how T1D is managed today.

1. The basic idea

A healthy pancreas produces insulin constantly, adjusting automatically to whatever the body needs - background maintenance, meals, stress, activity. It does this without any conscious effort.

A Type 1 diabetic's pancreas produces no insulin at all. The basal-bolus regime is one way of replicating what a healthy pancreas does, using two different types of insulin delivered by injection.

2. Basal: the background insulin

Basal insulin is long-acting. It works slowly and steadily over 12 to 24 hours, providing background coverage between meals and overnight. Its job is to keep blood glucose stable when you are not eating - preventing the liver from releasing too much glucose into the bloodstream.

It is usually injected once or twice a day at set times. The dose stays relatively constant and is only adjusted occasionally when long-term patterns suggest a change is needed.

I have taken background insulin daily for over 30 years, now splitting my doses across one every morning and one every night.

3. Bolus: the mealtime insulin

Bolus insulin is fast-acting. It is taken before meals to cover the carbohydrates you are about to eat, and occasionally to correct a high blood glucose reading.

Unlike basal insulin, the bolus dose changes every time. It depends on what you are eating, your current blood glucose level, any insulin still active from a previous dose, and what you plan to do afterwards. Every meal involves a calculation.

In my regime, lunch might need 5-8 units. A larger evening meal typically requires 8-12. These are my numbers - everyone's are different, and they shift over time.

4. Where basal-bolus sits today

With the advances in insulin pump technology, and NHS practice to offer newly diagnosed T1Ds a pump within the first six months of diagnosis, basal-bolus is no longer the majority regime. Pumps deliver only fast-acting insulin continuously, removing the need for a separate long-acting injection entirely. Many T1Ds will not experience basal-bolus as a lived experience, even if they encounter the term.

That said, a significant number of longer-term T1Ds remain on basal-bolus. I am one of them. I continue on this regime because my blood glucose control is strong and the approach works well for me. It is an option which remains valid.

5. What life on it actually looks like

There is no day off. Background insulin is taken every day regardless. Bolus insulin is calculated and injected before every meal, every day. The CGM (Continuous Glucose Monitor) sits alongside this, providing a real-time picture of blood glucose and its direction of travel.

It requires consistent attention and a good understanding of your own body. Most people have very little idea how much thought goes into what looks, from the outside, like a straightforward regime.

Based on Sarah's lived experience of over 30 years with Type 1 diabetes, not medical advice. Always talk to your healthcare team about the regime that is right for you.

Want to understand more?

Sarah's memoir **Invisible Impacts** covers her first decade living with Type 1 diabetes - including the early years of learning to manage insulin from scratch.

Visit www.theablediabetic.com or contact Sarah at sarah@theablediabetic.com

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