

- The average individual with type 1 diabetes mellitus (T1DM) experiences about two episodes of symptomatic hypoglycemia per week. This risk is increased markedly with the strict glycemic control and leads to impaired quality of life.
- The study hypothesized that T1DM patients with poor glycaemic control and frequent nocturnal and morning hypoglycemia would benefit from a transition of bedtime to morning administration of insulin glargine which could reduce the risk of nocturnal and morning hypoglycemia and possibly hold other advantages regarding regulation.
- Patients with poorly regulated T1DM, an average glycated hemoglobin (HbA1c) level $\geq 7\%$, frequent nocturnal and/or morning hypoglycemic episodes and high pre-dinner blood glucose values (≥ 7.1 mmol/l) were included in the study.
- HbA1c levels were significantly decreased 12 weeks following transition, as well as frequency of nocturnal and morning hypoglycemic episodes. Basal insulin doses and body weight were not affected. Triglycerides were decreased and high-density lipoprotein was improved.
- Transition from bedtime to morning basal insulin administration could improve glucoregulation, glucose variability and lipid profile as well as reduce the number of hypoglycemic episodes without affecting body weight.

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