An important barrier to achieve the glycemic targets is the delayed response of clinicians to antihyperglycemic treatment failure and the reluctance of patients to start insulin. Clinicians typically begin to discuss insulin therapy with their patients when HbA1c exceeds 9% but after that it takes almost a year for the commencement of therapy. In addition, clinicians focus only on the current HbA1c value and not on the duration of uncontrolled diabetes. Therapy should always be individualized and younger patients with short diabetes duration and no significant cardiovascular disease should have more stringent glycemic control.

**Limitations**

The main limitation of the current study is its retrospective design, as there is no available data regarding complications, co-morbidities or symptoms that perhaps could affect clinicians' decisions to initiate insulin therapy. Moreover, there is no information regarding the factors that influenced both physicians and patients in delaying the change in therapy.

**Conclusions**

The current study shows that there is a gap between national and International Guidelines Recommendations and real-life clinical practice. There is a delay in the initiation of insulin therapy after other treatment failure re-