Beta Blockers

Nonvasodilating beta-blockers are associated with a worsening of glycemic and lipidic control. In contrast, vasodilating beta-blockers reduce peripheral vascular resistance but have little or no effect on cardiac output. Numerous studies have established that vasodilating beta-blockers are associated with more favorable effects on glucose and lipid profiles than nonvasodilating beta-blockers.

Beta 1 antagonists like Toprol (metoprolol) are preferred over non-selective Beta blockers as they do not tend to squelch as much the recovery from hypoglycemia in diabetics patients (Type I more risky than Type II). You also have to watch out for the adverse lipid profiles beta blockers might produce.

My pharmacology text is not specific as to the type of receptor involved in insulin resistance, but says classical beta blockers promote insulin resistance. The newer vasodilating beta blockers like carvedilol are touted to improve insulin sensitivity. (I don't know what to think about that claim)

The main problem with decreased insulin sensitivity is the global effect of high glucose levels.