

## **BARRIERS TO INSULIN THERAPY**

### **Barriers to insulin therapy**

Insulin therapy provides many for patients with type 2 diabetes; however, many patients and physicians are reluctant to begin insulin treatment, even if it is clearly indicated to achieve optimal glycemic control.

The barriers to insulin therapy include both- patient and physician factors

### **Patient factors**

The decision to initiate insulin therapy ultimately belongs to the patient with type 2 diabetes. Patients may be concerned about:

- Possibility of discomfort related to injections- Many patients equate insulin injections that they have experienced in the past
- Complexity of regimens
- Misperception that the need to start insulin therapy is a signal that their diabetes has advanced to a more serious stage
- Misconception that they have failed in their efforts to achieve glycemic control - A common belief among patients is that the need for insulin therapy is indicative of a personal failure to manage their diabetes appropriately.
- Fear of hypoglycemia
- Loss of independence: A concern among older adults or patients who live alone is that once they begin insulin therapy, it will adversely affect their independence, either because of hypoglycemia or because they fear they will not be able to draw up or administer their own injections. weight gain
- Cost

### **Physician factors**

- Physicians may be concerned about the possible side effects of insulin, weight gain, hypoglycemia
- Physicians may have limited time for patient education regarding proper insulin administration techniques
- Physicians may not have adequate experience related to initiation and titration of insulin dose or may not be familiar with newer insulins

### **Overcoming the barriers to insulin therapy**

- Physicians should have adequate knowledge and training related to initiation of insulin therapy, titration of dosage, management of complications.
- Patient education is the key. Patients need not only initial education about insulin but also continued follow-up and support to sustain gains in diabetes self-care behaviors.
- Establishing a plan with patients for follow up of blood glucose results will facilitate the appropriate titration of insulin and its effectiveness.
- It is essential to ask patients about their thoughts or feelings about insulin. Messages about insulin should be supportive, tailored for each individual patient, and effective.
- Patients have to be told that that insulin needles are smaller and thinner than ever before and that most patients find it less painful than testing their blood glucose levels.

- Explaining type 2 diabetes as a progressive disease of insulin resistance and  $\beta$ -cell failure from the onset will help to diminish or even prevent this erroneous belief. Patients have not failed but that the other treatment options have failed them.
- The fear of hypoglycemia often stems from observing people with diabetes who take insulin. With the use of newer rapid-acting and long-acting insulins, hypoglycemia is less likely to occur and that very few patients with type 2 diabetes actually have severe hypoglycemia. Patients can be taught strategies so that they can prevent, recognize, and treat hypoglycemia and thus avoid severe events
- Providing information about insulin pens or other devices to increase accuracy and ease of administration and about local home-care resources may help to diminish these barriers.

### **Brain Teaser**

**1. Patients do not prefer insulin therapy because**

- a. Injections are painful
- b. Fear of hypoglycemia
- c. They have to take injections daily
- d. All of the above**

**2. Patients do not prefer insulin therapy because**

- a. They feel that that their diabetes has advanced to a more serious stage
- b. They feel that they have to take injections life long
- c. They feel that taking insulin injections is an indication of their failure to manage their diabetes properly
- d. All of the above**

**3. Insulin therapy can be encouraged**

- a. By educating patients of the benefits of insulin
- b. By educating patients of the need of insulin therapy in the particular case
- c. By allaying fears of pain
- d. All of the above**