

Why Aren't Patients Self-Adjusting Insulin?

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Aims: When compared to individuals with diabetes managed by oral/injectable therapy, people using insulin therapy have more difficulty achieving glycemic target. Using data from a Provincial Registry on a follow-up cohort of adults (n =10,500 up to 2013/14), 18% had A1C's $\geq 8.5\%$. In those using insulin alone or in combination (N = 4,300) over 34% had A1C's $\geq 8.5\%$; 24% $\geq 9\%$. A survey was designed to determine if diabetes educators in Nova Scotia (NS) are teaching patients how to self-adjust insulin, when to adjust insulin, and what helps/hinders patient self-adjustment of insulin. We also sought to determine if there was need for/interest in a more standardized approach to assessment and development of supporting tools.

Methods: Diabetes educators from 38 Diabetes Centers across Nova Scotia were surveyed. Questions included years of service in the current position, present practices related to adjustment of insulin (in person/ or by phone), patient self-adjustment of insulin, methods and tools used to teach self-adjustment of insulin, group or individual education to support self-adjust of insulin, and feedback on standardizing the approach to patient self adjustment of insulin in the future, etc.

Results: 37 out of 110 diabetes educators (33% response rate) completed the surveys (22 RNs and 15 PDts). 86% of educators reported adjusting insulin for their patients; 86% reported that they teach patients how to self-adjust their insulin; however, only 26% reported that their patients actually self-adjust their own insulin. Reported barriers to self-adjustment of insulin include poor cognition, lack of motivation/confidence, and fear of hypoglycemia. Reported enablers included basic knowledge, motivation, and self-confidence. 85% of respondents felt that a standardized, provincial approach would be beneficial in helping people to self-adjust their own insulin.

Conclusions: A small working group has been formed and will move forward with the development of a more standardize approach to assessment for insulin initiation and adjustment. This approach will include an assessment of cognition and readiness. Other materials and methods will be developed to address motivation, confidence, and fear of hypoglycemia.

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