WHY AREN’T PATIENTS SELF-ADJUSTING INSULIN? THE PATIENT’S PERSPECTIVE (PART 2)

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BACKGROUND

When patients managing their diabetes with insulin therapy are compared to patients managing their diabetes with non-insulin therapies (oral agents [OADs]/inhalable) or lifestyle only, people using insulin (In) therapy have more difficulty achieving glycemic targets.

METHODS

• Adults with diabetes using insulin therapy for ≥ 6 months were surveyed over a 1-month period early in 2016 in 6 Nova Scotia Diabetes Centres.

Results included:
- Demographics: age, gender, length of time on insulin, type of insulin, number of injections
- Present practices related to self-adjustment of insulin: how often, measure for adjustments, tools/resources used
- Perceived barriers/enablers to self-adjustment of insulin, including the impact of stress

RESULTS

• 101 persons with diabetes completed the survey and agreed the information could be used in publication/presentation. 79 of 101 (78%) self-adjusted insulin: Male=44.3%; mean age 56.2. Compared to adjusters, non-adjusters (n=22) were older (mean age 64.4); 53% ≥ 70 years vs. 17.7%.

MODERATE-SERIOUS PROBLEMS FOR PATIENTS (ADJUSTERS (79) VS. NON-ADJUSTERS (22))

<table>
<thead>
<tr>
<th>Problem</th>
<th>Adjusters (79)</th>
<th>Non-Adjusters (22)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fear of going low (hypoglycemia)</td>
<td>38.1%</td>
<td>46.7%</td>
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<tr>
<td>Expanse of testing</td>
<td>27.4%</td>
<td>26.7%</td>
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<tr>
<td>Difficulty understanding how to adjust</td>
<td>23.5%</td>
<td>35.7%</td>
</tr>
<tr>
<td>Not confident to adjust properly</td>
<td>13.0%</td>
<td>33.3%</td>
</tr>
<tr>
<td>Diabetes Distress Screen: Fear that adjusting insulin increases the stress of having diabetes</td>
<td>18.0%</td>
<td>20.0%</td>
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CONCLUSIONS

• This study confirms the value of continued work on supportive tools and resources for both patients and providers, with an additional focus on older insulin users. It reaffirms the earlier identified trend found in non-adjusters: poor understanding, fear of hypoglycemia, and lack of psychological readiness (Part 1, IDF 2013).

• Diabetes distress/stress should be considered when working with insulin-using patients as it may play an initial and continuous role in self-adjustment of insulin.

• The MD and the diabetes team are recognized to be instrumental in encouraging/supporting patient self-adjustment of insulin.

• Tools to develop include:
  - An algorithm to guide diabetes to patient ability/readiness to self-adjust.
  - Tools to assess (questionnaires), and their associated recommendations (short videos) to the specific readiness categories: a focus on comprehension/cognition, psychological insubordinate motivation, readiness to self-adjust, and fear of hypoglycemia.

• Standardized insulin self-adjustment tool for patients.